MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 31

09749

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Granite (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Davis ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 47 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Granite (If outside city or town limits, write RURAL and give town)

(d) Street No. Davis ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Effie I. Albright

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife J. Edw. Albright

6. (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Dec 5, 1871

8. AGE: Years 67 Months 9 Days 30 If less than one day ____ hr. ____ min.

9. Birthplace Phila Penna (Town, county, and state)

10. Usual occupation Home

11. Industry or business self home

FATHER 12. Name Captain Campbell

13. Birthplace unknown

MOTHER 14. Maiden Name ? Ridalemoser

15. Birthplace Balto Md.

16 (a) Informant Vivian I. Albright

(b) Address Granite Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ St Alphonsons

Location Woodstock Md.

18 (a) Funeral director Easton Sons

(b) Address Ellicott City Md.

19 (a) Oct 5, 1939 (Date rec'd by registrar) (b) J. J. Milton Piel Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 4, 1939, at 5-15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death Coronary Thrombosis

Due to Cardio vascular disease

Due to sudden death

Other conditions Inquiry (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G. M. Kieffer Deputy Med. Examiner M. D. or other

Address 1010 Leeds ave Date signed Balto Oct 4, 39.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

69750

(46-E)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 17 Egges Lane St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Catherine Alcorn If U. S. Veteran, specify WAR

(a) Residence: No. 17 Egges Lane St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert L. Alcorn

6. DATE OF BIRTH (month, day, and year): 7-30 1878

7. AGE: Years 61 | Months 2 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House wife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ✓
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: John Frey
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Rachel A. Clark
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Robert L. Alcorn, 17 Egges Lane Catons.

18. BURIAL, CREMATION, OR REMOVAL: Cem.
Place: St. Johns Date: Oct. 7, 1939

19. UNDERTAKER (Address): Easton Sons, Ellicott City Md.

20. FILED: 10/7, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 7, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1939, to 10-7, 1939

I last saw her alive on 10-7, 1939; death is said to have occurred on the date stated above, at 8:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10-4-39

Other Contributory Causes of importance:

Ca of Gall Bladder	Unknown
Cancer of Gall-Bladder. [illegible]	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? Urban

If so, specify

(Signed) George C. Urban M. D.

(Address) 803 [illegible] Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED OCT 12 1928 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09751

STATE OF MARYLAND—CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 35

Village or City White Hall No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna May Almony If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jarrett G Almony

6. DATE OF BIRTH (month, day, and year): Sept 12 1866

7. AGE: Years 73 | Months 1 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: McDoris Trout

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Jemima A Doris

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT (Address): Lidia T Almony White Hall Md

18. BURIAL, CREMATION, OR REMOVAL

Place: West Liberty Date: Nov 2, 1939

19. UNDERTAKER (Address): F Howard Webb Fawn Grove Pa

20. FILED: Nov 1, 1939 Michael Bortner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 31 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1938, to Oct 31, 1939

I last saw her alive on Oct 28, 1939; death is said to have occurred on the date stated above, at 12 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	1937

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Michael Bortner M. D.

(Address) White Hall Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94G) Reg. Dist. No. 30

09752

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 106 Rosewood Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 15 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 Rosewood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oda Elizabeth Barker BARKER

3 (b) If veteran, name war | 3 (c) Social Security No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband ~~or wife~~ Wm. T. Barker

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18 1866

8. AGE: Years 72 | Months 8 | Days 11 | If less than one day hr. min.

9. Birthplace Dorchester Co Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name William E. Brohawn
13. Birthplace Dorchester Co Md

MOTHER
14. Maiden Name Harriet Wood
15. Birthplace Baltimore Md

16 (a) Informant Mrs. John I. Rowe
(b) Address 106 Rosewood Ave. Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31 1939 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Ca Co Md

18 (a) Funeral director E. W. Lamoreau
(b) Address 1003 W. Baltimore St

19 (a) 10/30/39 (Date rec'd by registrar) (b) H. L. Hudson Registrar
Deputy Local

MEDICAL CERTIFICATION

20. Date of death October 29th 1939, at 7 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1939, to Oct. 28 1939, and that I last saw him alive on Oct. 28 1939.

Immediate cause of death	Duration
Arterio Sclerosis	2 yrs.
Due to Angina Pectoris	8 mos.
Due to Coronary Thrombosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. O. Glenn M. D. or other
Address 2208 Hollins Ferry Rd Date signed 10/29/39

R. V. GLENN

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8) Reg. Dist. No. 31

CERTIFICATE OF DEATH

69753

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Woodstock (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 0

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Infant Beatty

3 (b) If veteran, name war | 3 (c) Social Security No.

4. Sex: Indeterminate | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 8 1939

8. **AGE:** Years | Months | Days | If less than one day: hr. 0 min.

9. Birthplace Woodstock Balto Co Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Richard Beatty
13. Birthplace Ireland

MOTHER
14. Maiden Name Winifred Angela Griffin
15. Birthplace Maryland

16 (a) Informant Richard Beatty
(b) Address Woodstock Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8 1939 (month) (day) (year)
(c) Cemetery or crematory
Location Disposed of on Premises

18 (a) Funeral director Richard Beatty (father)
(b) Address Woodstock Md

19 (a) Oct 9 1939 (Date rec'd by registrar) (b) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. Date of death October 8 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19,
and that I last saw him alive on 19.

Immediate cause of death Stillborn	Duration
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. E. Martin M. D. or other
Address Randallstown Date signed 10/8/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09754

51-C

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. Ridgeway Road — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elmore E. Beckner

(a) Residence: No. Ridgeway Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Millie Frederick

6. DATE OF BIRTH (month, day, and year): 4-4-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Quincy, Pa.

FATHER

13. NAME: Daniel David Beckner

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: unk

16. BIRTHPLACE (city or town) (State or country): unk

17. INFORMANT: Clinton F. Beckner

(Address) Ridgeway Road, Catonsville

18. BURIAL, CREMATION, OR REMOVAL: Burial

Place Loudon Park Cem Date 10/23/39

19. UNDERTAKER: H. C. Mears & Son

(Address) 805 North Calvert St.

20. FILED 10/22/39 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1939, to Oct. 20, 1939

I last saw h— alive on Oct 20, 1939; death is said to have occurred on the date stated above, at 11 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate and bladder	1938
Primary carcinoma of prostate, 1½ years	
Other Contributory Causes of importance: Secondary carcinoma of bladder; duration, eight months	

Name of operation: — Date of:

What test confirmed diagnosis? P. E. & Lab. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: T of P

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Homer L. Dodd M.D.

(Address) 735 N. Fulton Ave. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (127)

Reg. Dist. No. 33

09755

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Reisterstown, md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 22 Walstan Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 83 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Reisterstown, md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 22 Walstan Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Elizabeth Ann Berryman.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Standish Berryman.

6. (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) Jan. 2. 1848

8. AGE: Years 91 | Months 10 | Days 15 | If less than one day _____ hr. _____ min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business —

FATHER
12. Name Asa Warner
13. Birthplace Mass.

MOTHER
14. Maiden Name Sarah Reed.
15. Birthplace Baltimore

16 (a) Informant Mrs. Ethel Russell
(b) Address 22 Walstan Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1939 (month) (day) (year)
(c) Cemetery or crematory All Saints Cemetery
Location Reisterstown, md.

18 (a) Funeral director Wm Berryman & Sons.
(b) Address Reisterstown, md.

19 (a) Oct. 18, 1939 (Date rec'd by registrar) (b) J. Frank Mills M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 17 1939, at 4:05 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1937, to Oct 17 1939, and that I last saw ~~him~~ her alive on Oct 16 1939.

Immediate cause of death Broncho-Pneumonia — Duration 4 da.

Due to

Due to

Other conditions Chronic Cholecystitis 10 yrs, arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work?

(e) Means of injury None

23. Signature D. D. Caples, M. D.
M. D. or other

Address Reisterstown, md Date signed 10-17-39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

09756

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 3 mos., 23 days

Stay in this community (yrs., or mos., or days): 3 mos., 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Catonsville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 21 Glenwood Avenue (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mrs. Louise M. Biggs

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Bruce Biggs

6(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): May 16, 1893

8. AGE:

Years	Months	Days	If less than one day
46	5	11	____ hrs. ____ min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER 12. Name: George Cassidy

FATHER 13. Birthplace: Baltimore, Maryland

MOTHER 14. Maiden name: Marie L. Burke

MOTHER 15. Birthplace: Baltimore, Maryland

16. Informant: Eleanor Pearson

Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 30, 1939 (month) (day) (year)

Cemetery or crematory: New Cathedral Cemetery

Location: Baltimore, Maryland

18. Funeral director: Stewart & Mowen Company

Address: 108 W.North Ave., Baltimore, Md.

19. 10/27/39 (Date rec'd by registrar) 19____ J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 27, 1939, at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 4, 1939 to Oct. 27, 1939, and that I last saw her alive on October 27, 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	Since Febr. 1934
Due to Tuberculous Laryngitis	Since 1936
Due to Syphilis	Unknown
Due to	
Due to	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John A. Smith M. D.

Address: Mt. Wilson, Md. Date signed: 10/27/39

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OCT 30 1939
BUREAU V. E.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09757

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH 46-4

County Baltimore Registration Dist. No. 38

Village or City Annesdie No. 533 Overbrook Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 60 yrs. — mos. — ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Millard F. Boring If U. S. Veteran, specify WAR

(a) Residence: No. 533 Overbrook Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If marriad, widowed or divorced HUSBAND of (or) WIFE of Hillimeiner Boring

6. DATE OF BIRTH (month, day, and year) June 21- 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	17	

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Plastering Contractor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired 20 years

10. Date dacaasad last workad at this occupation (month and yaar)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co. (State or country) Maryland

FATHER

13. NAME Mordecai C. Boring

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Eliza Burns

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs Marion D. Hollacker (Address) 533 Overbrook Road

18. BURIAL, CREMATION, OR REMOVAL Place Ashbury Mem. Reinterment Oct. 10, 1939

19. UNDERTAKER Horace F. Burgess (Address) 3631 Falls Road

20. FILED Oct 11, 1939 Willard Layton Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended daceasad from Aug 15, 1939 to Oct 8, 1939

I last saw him aliva on Oct 7, 1939; death is said to hava occurred on the data statad above, at 3 A.m.

The PRINCIPAL CAUSE OF DEATH and ralatad causes of importance were as follows:

	Date of onset
Carcinoma, duodenal	1 yr.
Arteriosclerosis	
Hemmorrage from Stomach	
Other Contributory Causes of importanca:	
Duodenal Ulcer	4 yrs.

Name of operation Data of

What test confirmed diagnosis? Was thare an autopsy? No

23. If death was dua to external causas (VIOLENCE) fill in also tha following:

Accident, suicida, or homicide? Date of injury, 19

Whara did injury occur? (Specify city or town, county and State)

Spacify whathar injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury

Nature of injury

24. Was diseasa or injury in any way ralatad to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) 2020 N. Charles

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09758

1. PLACE OF DEATH (3)

County Balto Registration Dist. No. 40

Village or City Frankleville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boulan If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE: Still Born — Years; Months: 7; Days: —; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME John Arnold Boulan

14. BIRTHPLACE (city or town) D Cs. (State or country)

MOTHER

15. MAIDEN NAME Eyslau Taylor

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT John Arnold Taylor (Address) Frankleville

18. BURIAL, CREMATION, OR REMOVAL Place Mountain County Date Oct 4, 1939

19. UNDERTAKER David Davidson (Address) Upper Falls

20. FILED 10/4/39, 19 W M Hammett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Still born — Date of onset

7 month premature

Other Contributary Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred O. Hodous M. D.

(Address) Edgewood

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 2 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-0) Reg. Dist. No. 32

CERTIFICATE OF DEATH

09759

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Reisters Mill Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 64 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pikesville, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. None (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Fannie Rachel Myerly Bowersox

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John Edw. Bowersox
6. (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) May 2, 1856

8. AGE: Years 83 | Months 5 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Carroll County (Town, county, and state)

10. Usual occupation House work.

11. Industry or business —

FATHER
12. Name William Myerly
13. Birthplace —

MOTHER
14. Maiden Name Sarah Ann Fuhrman
15. Birthplace —

16 (a) Informant Mrs. Pearl Whaley
(b) Address Pikesville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7 1939 (month) (day) (year)
(c) Cemetery or crematory Stone Chapel Cem.
Location Reisters Mill Rd. Pikesville

18 (a) Funeral director Wm. Berry May & Sons
(b) Address Reisterstown, Md.

19 (a) Oct. 6 1939 (Date rec'd by registrar) (b) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death October 5th 1939, at 5:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1939, to Oct 5th 1939, and that I last saw him alive on Oct 4th 1939.

Immediate cause of death	Duration
Chronic Myocarditis	3 mons.
Due to Art. Sclerosis	10 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James A. Miller M.D. (M. D. or other)
Address Pikesville, Md. Date signed 10/6/39.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (178) Reg. Dist. No. 32

09760

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Owings Mills Md
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Reisterstown Rd - N. Painters Lane
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 45

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Owings Mills
(If outside city or town limits, write RURAL and give town)
(d) Street No. Reisterstown Rd near Painters Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Alfred Eugene Breckenridge

3 (b) If veteran, name war —
3 (c) Social Security No.

4. Sex male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Sadie Smith Breckenridge
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years about 48 | Months | Days | If less than one day ____hr. ____min.

9. Birthplace Reisterstown Rd. Owingsmills
(Town, county, and state)
10. Usual occupation Laborer Farmer
11. Industry or business

FATHER
12. Name Jo. Hy Breckenridge
13. Birthplace Owings mills md

MOTHER
14. Maiden Name Margret Sheridan
15. Birthplace Owings Mills

16 (a) Informant Daniel Breckenridge
(b) Address Owings mills

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/39 (month) (day) (year)
(c) Cemetery or crematory St Thomas
Location Garrison Forest

18 (a) Funeral director Frank H. Newell
(b) Address Pikesville, Md.

19 (a) Oct. 12-39 (Date rec'd by registrar) (b) E. L. Nuckols Registrar

MEDICAL CERTIFICATION

20. Date of death 10/10 1939, at 6-30 P M

21. I certify that death occurred on the date above stated; ~~that I attended deceased from ____ 19__, to ____ 19__,~~ and that I last ~~saw him alive on ____ 19__~~.

	Duration
Immediate cause of death Gun Shot Wound, Thirty eight hole of Jaw into Brain	
Due to Effusion of Brain, Hemorrhage	
Due to John Breckenridge	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Dr. Vandegrift

PHYSICIAN
Underlines the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) ~~Accident, suicide,~~ or homicide —
(b) Date of occurrence Oct 10th 1939
(c) Where did injury occur Owings Mills (City or town) Balto (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place Mr Lees Home (Specify type of place) While at work? No
(e) Means of injury Gun Shot

23. Signature H. L. O'Mara Dep. P.M.E. (M. D. or other)
Address Pikesville Date signed 10-12-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 3 1939
BUREAU V. S.

09761

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 3 mos., 21 days

Stay in this community (yrs., or mos., or days): 3 mos., 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3511 Spaulding Avenue (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mrs. Orella Brown

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sia Brown

6(c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): June 13, 1913

8. AGE: Years: 26 Months: 4 Days: 9 If less than one day: hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER

12. Name: John Hook

13. Birthplace: Baltimore, Maryland

MOTHER

14. Maiden name: Bridget Ormand

15. Birthplace: Baltimore, Maryland

16. Informant: Eleanor Pearson

Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 25, 1939 (month) (day) (year)

Cemetery or crematory: Cathedral Cemetery

Location: Baltimore, Maryland

18. Funeral director: George A. Farley

Address: Frederick & Shady Nook Aves., Baltimore, Md.

19. Oct. 22, 1939 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 22 1939, at 7:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to Oct. 22 1939, and that I last saw her alive on October 22 1939.

Immediate cause of death: Pulmonary Tuberculosis

DURATION: Since 1937

Due to:

Due to:

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John A. Smith M. D. ~~or other~~

Address: Mt. Wilson, Md. Date signed: 10/22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 28 1939
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (142)

09762

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Spring Grove State Hospital

Stay in hospital or Inst. (yrs., or mos., or days) 5 yrs. 4 mos. 21 days

Stay in this community (yrs., or mos., or days) " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infanta give residence of mother)

State Maryland County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1815 Park Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William G. Buckey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ethel Close

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 4, 1866

8. AGE:

Years	Months	Days	If less than one day
73	1	1	hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Salesman

11. Industry or business

FATHER 12. Name Daniel E. Buckey

13. Birthplace Maryland

MOTHER 14. Maiden name Louisa Catherine Dutterer

15. Birthplace Penna.

16. Informant Hospital Records

Address Spring Grove State Hospital

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 8 1939. (month) (day) (year)

Cemetery or crematory Druid Ridge Cem.

Location Pikesville, Md.

18. Funeral director Geo Weber & Son

Address 3503 Edmondson

19. 10/6 1939 (Date rec'd by registrar) H. Landsdale Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5, 1939, at 12:25 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19, 1936, to October 5, 1939, and that I last saw him alive on October 5, 1939.

Immediate cause of death	DURATION
Chronic myocarditis before	1934
Due to Secondary anemia "	1939
Due to Gangrenous area of left lung before	1939
Other conditions Senile dementia "	1934

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy As given above.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Serge Androp
Serge Androp, M.D. M. D. or other

Address Spring Grove State Hosp. Date signed 10/5/39

RECEIVED
OCT 7 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09763

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 41

Village or City Dundalk No. 1819 West Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Budde If U. S. Veteran, specify WAR ...

(a) Residence: No. 1819 West Ave. St., Ward ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman A.F. Budde

6. DATE OF BIRTH (month, day, and year): May 26, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last workad at this occupation (month and year):

11. Total time (yaars) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: George Ehrman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Katherine Kreig

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Herman A.F.Budde

(Address) 1819 West Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemt. Date Oct. 14, 1939

19. UNDERTAKER Clarence F. Hoffman

(Address) 2723 E.Preston St.

20. FILED 10/13/39 M. Learmont Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attandad deceased from Sept 28, 1939, to Oct 11, 1939

I last saw her alive on Oct 11, 1939; death is said to have occurred on the date statad above, at 4:20A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	2 yrs.
Cerebral Hemorrhage	10 hrs.
with R. Hemiplegia	
Other **Contributory Causes** of importance:	
acute Grippe	2 wks.

Name of operation none Date of —

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was diseasa or injury in any way related to occupation of decaased? no

If so, specify ...

(Signed) Frank W. Virgilio M. D.

(Address) 2 Market St. Dundalk

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

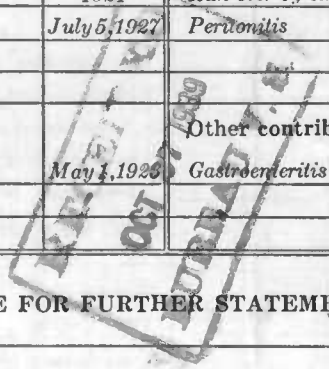
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1926*	*Gastroenteritis*	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

09764

CERTIFICATE OF DEATH

Reg. Dist. No. 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto
City or town Near Butler
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 31 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Balto
City or town Near Butler Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emory Ruth Bull

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife Lucretia E Bull
6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Feb 17 1875

8. AGE:

Years	Months	Days	If less than one day
64	8	7	hrs. min.

9. Birthplace Parkton, Balto Co Md (Town, county, and state)
10. Usual occupation Farmer & agric.
11. Industry or business Own Farm.
12. FATHER Name William Bull
13. FATHER Birthplace Md
14. MOTHER Maiden name Mary Thompson
15. MOTHER Birthplace Md
16. Informant Mrs Lucretia E Bull
Address Sparks Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 27/39 (month) (day) (year)
Cemetery or crematory Black Rock Baptist
Location Butler Md
18. Funeral director Edes & Tipton
Address Hampstead, Md
19. Oct 25 1939 (Date rec'd by registrar) C. E. Trowbridge M. D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1939, at 5 P M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 to 19
and that I last saw h alive on 19

Immediate cause of death Valvular heart disease.

DURATION

Due to the diagnosis based on findings on form

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Norm

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D. O. Myerly M. D. Ex
M. D. or other
Address Jacksonville Md Date signed Oct 24-39

RECEIVED
NOV 2 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

09765

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County: Baltimore

City or town: Timonium
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Texas Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Catherine Thresa Caslin

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Michael Caslin

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Aug 6, 1870

8. AGE: Years: 69 Months: 2 Days: 23 If less than one day ___ hrs. ___ min.

9. Birthplace: Ireland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: John Green
13. Birthplace: Ireland

MOTHER
14. Maiden name: Bridget McLaughlin
15. Birthplace: Ireland

16. Informant: Mrs. Wm. F. Grimm
Address: Timonium, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Nov. 2, 1939 (month) (day) (year)

Cemetery or crematory: St. Josephs

Location: Texas

18. Funeral director: Landon M. Brooks
Address: Sparks

19. Oct. 30-39 19 Wilmer C. Ensor.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October, 29, 1939, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August — 1934, to October 29 1939, and that I last saw her alive on October, 28, 1939

Immediate cause of death: Congestive Cardiac failure c̄ Anasarca — DURATION: 1 week

Due to: Chronic Hypertensive Cardio-vascular Renal Disease — 5 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: B. W. Donohue, M.D.
M. D. or other

Address: Texas, Md. Date signed: 10/30/39

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

09766

CERTIFICATE OF DEATH

Reg. Dist. No. 4-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Balto. Glen Martin Plant

City or town: Essex Middle River

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): LIFE

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County BALTO.

City or town BALTIMORE Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3509 BANK ST.

(If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Thomas Carrigan

3. (b) Social Security Number 217-05-911

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife ROSE CARRIGAN

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) AUG. 6 1887

8. AGE:

Years	Months	Days	If less than one day
52	1	18	____ hrs. ____ min.

9. Birthplace BALTO. MD. (Town, county, and state)

10. Usual occupation MACHINEST

11. Industry or business GLEN MARTIN A. PLANE CO.

FATHER

12. Name George T. Carrigan

13. Birthplace Balto. Md.

MOTHER

14. Maiden name Elixabeth Thealen.

15. Birthplace Balto. Md.

16. Informant ROSE CARRIGAN WIFE

Address 3509 BANK ST.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof OCT 24/ 39 (month) (day) (year)

Cemetery or crematory Holy Redeemer Cem

Location Belair Rd. ROAD

18. Funeral director Lilly & Zeiler Inc

Address 403 S. WOLFE ST.

19. 10/20 1939 (Date rec'd by registrar) John D. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1939, at 8-A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to 19__, and ~~that I last saw h~~ alive on 19__.

Immediate cause of death	Coronary Thrombosis	DURATION
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy From

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. J. O. Moe Dept. P.M. Ex.

M. D. or other

Address Stevenson Md Date signed Oct 24-39

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93)

CERTIFICATE OF DEATH

09767

Reg. Diat. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 mos., 24 days

Stay in this community (yrs., or mos., or days): 2 mos., 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Halethorpe Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4136 Wilkens Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John Cox

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Nellie M. Albaugh

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): July 18, 1861

8. AGE: Years	Months	Days	If less than one day
78	3	11	____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Foreman

11. Industry or business: Steel mill

FATHER

12. Name: Charles Cox

13. Birthplace: Maryland

MOTHER

14. Maiden name: Lena ?

15. Birthplace: Maryland

16. Informant: Hospital Records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-1-39 (month) (day) (year)

Cemetery or crematory: Loudun Park

Location: Balto

18. Funeral director: Harman Good

Address: 120 St Paul St

19. (Date rec'd by registrar) 10/30 1939 Registrar: H. L. Sundlach Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 29, 1939 at 5:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 5, 1939, to October 29, 1939, and that I last saw him alive on October 29, 1939.

Immediate cause of death	DURATION
Chronic myocarditis	Before 1939
Due to	
Hypertensive heart disease	Before 1939
Due to	
Generalized arteriosclerosis	Before 1939
Other conditions	
Senile Psychosis	Before 1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No

Of autopsy: As given above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Serge Androp

Address: Serge Androp, M.D. Spring Grove Hospital

M. D. or other

Date signed: 10/30/39

RECEIVED
NOV 2 1939
BUREAU V. S.

09768

MARGIN RESERVED FOR BINDING

WRITE ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 30

1 PLACE OF DEATH
County BALTIMORE (51-B)

Village or City CATONSVILLE (No. KENWOOD AVE Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME JOHN BURNSTETTE GRAMBLITT.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE

4 COLOR OR RACE: WHITE

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): MARRIED

6 DATE OF BIRTH: FEB. (Month) 12 (Day), 1868 (Year)

7 AGE: 71 yrs. 8 mos. 18 ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: LUMBER MILL
(b) General nature of industry business, or establishment in which employed or (employer): WAREHOUSMAN

9 BIRTHPLACE (State or country): BALTIMORE, MD.

PARENTS

10 NAME OF FATHER: JOHN A. GRAMBLITT.

11 BIRTHPLACE OF FATHER (State or country): BALTIMORE, MD.

12 MAIDEN NAME OF MOTHER: MARY GESFORD.

13 BIRTHPLACE OF MOTHER (State or Country): BALTIMORE, MD.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert D. Gramblitt

(Address) Kenwood Ave, Catonsville

15 Filed 10/31 1939 [signature] Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: OCTOBER (Month) 30 (Day), 1939 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from OCT 1, 1937 to Oct. 30, 1939 that I last saw h/M alive on OCT 30, 1939, and that death occurred on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH * was as follows:

CARCINOMA OF URINARY BLADDER. (Duration) 5 yrs. mos. ds.

Contributory Secondary CORONARY OCCLUSION, (Duration) — yrs. — mos. 8 ds.

(Signed) John R. Abercrombie M. D.

Oct 30 1939 (Address) 354 Greenmount Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Pk. DATE OF BURIAL: Nov. 2, 1939

20 UNDERTAKER: Harry T. Nuttle ADDRESS: 4101 Edmondson Ave

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonoeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 38

09769

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Lutherville, Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Bellona ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 28 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Lutherville (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James Smith Cromwell

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex male

5. Color or race col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary L. Cromwell

6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Mar 29 1871

8. AGE: Years 68 Months 6 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace Harford Co (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER

12. Name Asbury Cromwell

13. Birthplace Unknown

MOTHER

14. Maiden Name Mary Cromwell

15. Birthplace Unknown

16 (a) Informant Mary L. Cromwell

(b) Address Lutherville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 39 (month) (day) (year)

(c) Cemetery or crematory Mt. Joy

Location Monkton, Md

18 (a) Funeral director P. Marklener Son

(b) Address White Hall, Md

19 (a) Oct 8/39 (Date rec'd by registrar) (b) W. Carroll Vaughan Deputy Local Registrar

MEDICAL CERTIFICATION

20. Date of death October 7, 1939, at 3:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 18 1939, to Oct. 7, 1939, and that I last saw him alive on Oct. 3, 1939.

Immediate cause of death Chronic Nephritis — Duration 1939

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William S. Polk M. D. or other

Address Towson, Md. Date signed 10-8-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 31

09770

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Baltimore Co

(b) City or town Bluemount, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Francis Mildred Cuddy

3 (b) If veteran, name war –

3 (c) Social Security No. –

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26 - 1906

8. **AGE:** Years 32 | Months 11 | Days 24 | If less than one day ____hr. ____min.

9. Birthplace Monkton Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Chas H. Strickland

FATHER 13. Birthplace Monkton Md

MOTHER 14. Maiden Name Alice J. Cuddy

MOTHER 15. Birthplace Baltimore Co

16 (a) Informant Mrs. Alice J. Cuddy

(b) Address Monkton, R.F.D. 2 Md

17 (a) Wesley Chapel (Burial, cremation, or removal) (b) Date thereof Oct 23, 1939 (month) (day) (year)

(c) Cemetery or crematory Wesley Chapel

Location Monkton, Md.

18 (a) Funeral director P. Manbeck Sons

(b) Address White Hall Md

19 (a) Oct 23rd (Date rec'd by registrar) (b) Melvin Bowers Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 21 1939, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Oct. 21 1939, and that I last saw him alive on Oct. 21 1939.

Immediate cause of death	Duration
Pulmonary tuberculosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** G. M. France M. D. or other

Address Parkton, Md Date signed 10/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107-a

09771

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: Baltimore

City or town: Lutherville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 14 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Lutherville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2 Front Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Seth Daily

3. (b) Social Security Number

4. Sex: Male ~~Female~~

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary F. Daily

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 6, 1853

8. AGE: Years: 86 Months: — Days: 8 If less than one day ____ hrs. ____ min.

9. Birthplace: Middletown, Balto. Co., Md.
(Town, county, and state)

10. Usual occupation: Filer

11. Industry or business: Cotton Duct Mills

FATHER
12. Name: Seth Daily
13. Birthplace: Balto. Co., Maryland

MOTHER
14. Maiden name: Mary Ann Davison
15. Birthplace: Balto. Co., Maryland

16. Informant: Mrs. Geo. M. Smith
Address: Lutherville, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct. 16, 1939 (month) (day) (year)

Cemetery or crematory: Jessops

Location: Sparks, Balto. Co. Md.

18. Funeral director: Landon M. Brooks
Address: Sparks, Md.

19. Oct. 15-39 19____ (Date rec'd by registrar)

Wilmer C. Ensor, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 14 1939, at 3.30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1939, to Oct 14 1939, and that I last saw him alive on 10-13 1939.

Immediate cause of death: Bronchopneumonia - terminal Uremia -

Due to: Prostatic Hypertrophy with obstruction.

Due to: Senility Arteriosclerosis

Other conditions:
(Include pregnancy within 8 months of death)

Major findings:
Of operations: none

Of autopsy: none

DURATION: 3 days, 1 wk, 4 mos., unk, unk

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Bennett A. Sloan M. D. ~~or other~~

Address: Lutherville, Md. Date signed: 10/14/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

09772

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Balto.
City or town: Catonsville Manor
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital, or institution~~: 4 Queen Annes Road
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto.
City or town: Catonsville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4 Queen Annes Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Michael J. Danko

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife: Julia Danko
6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Aug 15th 1868

8. AGE: Years	Months	Days	If less than one day
71	1	16	____ hrs. ____ min.

9. Birthplace: Austria - Hungary (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Husbandry

FATHER
12. Name: George Danko
13. Birthplace: Austria - Hungary

MOTHER
14. Maiden name: Anna Ilko
15. Birthplace: Austria Hungary

16. Informant: Mrs Julia Danko
Address: 4 Queen Annes Rd Catonsville Manor

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof 10/11/39 (month) (day) (year)
Cemetery ~~or crematory~~: Cathedral
Location: Balto Md
18. Funeral director: William Cook
Address: 1217 St. Paul st.

19. 10/12 1939 (Date rec'd by registrar) R. C. Lindemann Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 1st 1939, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1, 1939, to Oct. 1, 1939, and that I last saw h~~im~~ alive on Oct. 1, 1939.

Immediate cause of death	DURATION
Myocarditis (Chronic)	1 year
Due to Arteriosclerosis	?
Due to –	
Other conditions –	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Eugene L. Pessagno M. D. or other
Address: 5-14 Dowry Lane - Baltimore, Md Date signed: 10-2-39

RECEIVED
NOV 2 1939
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

09773

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Catonsville Md.

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 116 Fertig Ave (Nursing Home)

Stay in hospital or inst. (yrs., or mos., or days) Feb 20th To Oct. 14th.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2119 W. Baltimore St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Pauline Virginia Davis.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife Mr. Francis Davis deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3rd 1861

8. AGE: Years	Months	Days	If less than one day
78	5	11	hrs. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John M. Egner

13. Birthplace Germany

MOTHER 14. Maiden name Emily H. Rudt

15. Birthplace Germany

16. Informant Mrs Edwin L. Fredrick

Address Rolling Rd. Catonsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 16 1939 (month) (day) (year) Md.

Cemetery or crematory Loudon Park - Baltimore

Location Loudon Park.

19. Funeral director W. J. Tuckman & Son

Address North & Penn. Ave.

19. 10/16 (Date rec'd by registrar) 19 39 Registrar

Deputy Local.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1939, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1939 to Oct 14 1939

and that I last saw h alive on Oct. 12 1939.

Immediate cause of death	DURATION
arteriosclerosis	1 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William A Dripps M. D. or other

Address 1326 W Lombard St Date signed 10/16/39

RECEIVED
OCT 25 1939
BUREAU U. S.

1326 W. Lombard
Dr Triplett

STATE OF MARYLAND—CERTIFICATE OF DEATH

09774

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore (94R) Registration Dist. No. 38

Village or City Timonium, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 73 yrs. 3 mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Carroll Denison If U. S. Veteran, specify WAR

(a) Residence: No. Timonium, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Cromwell

6. DATE OF BIRTH (month, day, and year) 3/13/1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
1866	73	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elic Carroll (State or country) Balto County, Md.

FATHER

13. NAME Robert M. Denison

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Carroll

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT J. Lee Cromwell (Address) Timonium, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Oct 4, 1939

19. UNDERTAKER H. M. Jenkins & Co. (Address) Edmondson Ave & Rolling Rd

20. FILED Oct 3, 1939 Harold Vaughan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 2 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1939, to Oct 2, 1939.

I last saw him alive on Oct 2, 1939; death is said to have occurred on the date stated above, at 10:15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Arteriosclerosis	
Hypostatic pneumonia	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Frank Green Jr. M. D.

(Address) Timonium Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

NOV 3 1928
BUREAU U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23)

Reg. Dist. No. 43

09776

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Perry Hall (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Perry Hall (If outside city or town limits, write RURAL and give town)

(d) Street No. Joppa Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Christian P. Dietz

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Katherine J. Dietz

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 20th 1879

8. AGE: Years 60 Months 2 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Co. Maryland (Town, county, and state)

10. Usual occupation Truck Farmer

11. Industry or business

FATHER

12. Name John Dietz

13. Birthplace Germany

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Martha Dietz

(b) Address Joppa Road Fullerton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3rd 1939 (month) (day) (year)

(c) Cemetery or crematory St. Michaels Lutheran

Location Perry Hall Balto. Co. Md.

18 (a) Funeral director Frederick Lassalm & Sons

(b) Address 7401 Belair Road

19 (a) 11/1/39 (Date rec'd by registrar) (b) Mrs G. A. Fritz Acting Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 30th 1939, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1939, to Oct 30 1939, and that I last saw him alive on Oct 30 1939.

Immediate cause of death	Duration
Due to Pulmonary	2 yrs
Due to Tuberculosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury —

23. Signature Edward Benson M.D. M. D. or other

Address 1 W. Overlea Ave Date signed 10/31/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(T)

(M)

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DEC 1 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

09775

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt.Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 2 mos., 10 days

Stay in this community (yrs., or mos., or days): 2 mos., 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Raspeburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Joseph M. Dieter

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife: Catherine Dieter

6(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): August 8, 1901

8. AGE: Years	Months	Days	If less than one day
38	2	12	hrs. min.

9. Birthplace: Baltimore County, Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER
12. Name: George A. Dieter
13. Birthplace: Baltimore County, Maryland

MOTHER
14. Maiden name: Catherine Chetlet
15. Birthplace: Baltimore County, Maryland

16. Informant: J. Frank Spalding
Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct.23, 1939 (month) (day) (year)

Cemetery or crematory: St. Joseph's Cemetery,

Location: Fullerton, Maryland

18. Funeral director: Frederick Lassahn

Address: 7401 Belair Rd., Baltimore, Md.

19. Oct. 20, 1939 (Date rec'd by registrar) J. Frank Spalding. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 20, 1939, at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 10, 1939, to Oct. 20, 1939, and that I last saw him alive on October 20, 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: Since 1932

Due to

Due to

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: John A. Smith M. D.

Address: Mount Wilson, Md. Date signed: 10/20/39

LIBRARY
OCT 27 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44

09777

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto

(b) City or town Stemmers Run
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Main Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Stemmers Run
(If outside city or town limits, write RURAL and give town)

(d) Street No. Main Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Cathrine Mary Dohler

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8th 1925

8. AGE: Years 13 | Months 11 | Days 10 | If less than one day _____ hr. _____ min.

9. Birthplace Balto Co. Md.
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER 12. Name Henry Dohler

FATHER 13. Birthplace Balto. Co. Md.

MOTHER 14. Maiden Name Frances Friedel

MOTHER 15. Birthplace Balto. City Md.

16 (a) Informant Henry Dohler

(b) Address Stemmers Run

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23 1939 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Balto Co. Md

18 (a) Funeral director L. Lassahn & Son

(b) Address 7401 Belair Rd.

19 (a) 10/19/39 (Date rec'd by registrar) (b) John B. Conelly Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 18 1939, at 2205 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1939, to Oct 18 1939, and that I last saw her alive on Oct 18 1939.

Immediate cause of death	Duration
Meningitis	
Due to Influenza	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G. M. Baumgardner
M. D. or other

Address Rosedale Md Date signed 10/18/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52)

CERTIFICATE OF DEATH

09778

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Benson Ave. @ Sulphurspring Rd
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Eight Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Arbutus — Halthaye Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Benson Ave. @ Sulphur Spring
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: MARY EBER

3. (b) Social Security Number: No....

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Andrew Eber

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): August 8, 1859

8. AGE: Years	Months	Days	If less than one day
80....	2...	14..	____ hrs. ____ min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: At home

11. Industry or business: At home

FATHER
12. Name: Herman Michael
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: Mr. Fred Eber (son)

Address: Benson Ave. Arbutus, Md.

17. ...Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 24, 1939 (month) (day) (year)

Cemetery or crematory: Western Cemetery

Location: Edmondson Ave. City

18. Funeral director: C. B. Keppert & Son

Address: 1300 Eutaw Place

19. Oct 24 1939 (Date rec'd by registrar) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: ...October ..22, 1939, at 3:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to Oct. 20 1939, and that I last saw her alive on October 20 1939.

Immediate cause of death	DURATION
Local Carcinoma	2 yr
Due to	
Due to	
Other conditions: Arterio-Sclerosis	10 yr

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Willard Parson M.D.
M. D. or other

Address: Baltimore Md. Date signed 10/23/39

Dr. Parsons

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NOV 2 1939
BUREAU V. S.

09779

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH:

County: Baltimore

City or town: Shawan - Cockeysville P.O.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Shawan Cockeysville P.O. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: m

3. (a) FULL NAME: Orrick M. Ensor

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lizzie D. Ensor

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 18, 1848

8. AGE: Years: 90 Months: 10 Days: 20 If less than one day ____ hrs. ____ min.

9. Birthplace: Butler, Balto. Co., Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: George S Ensor
13. Birthplace: Balto Co. Md.

MOTHER
14. Maiden name: Lila Chilcoat
15. Birthplace: Balto. Co. Md.

16. Informant: m Albert Ensor
Address: Cockeysville, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct. 10, 1939 (month) (day) (year)

Cemetery or crematory: Black Rock

Location: Butler, Balto. Co. Md.

18. Funeral director: Landon M. Brooks
Address: Sparks Maryland

19. Oct 9 1939 (Date rec'd by registrar) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10/8/1939, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/1/1939, to 10/8/1939, and that I last saw him alive on 10/8/39 19

Immediate cause of death: Uraemia — DURATION: 4 days

Due to: Nephritis - chronic — 3 or 4 yrs

Due to: myocarditis - chronic

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James G. Saffell M. D. or other

Address: Reisterstown, Md. Date signed: 10/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 6 1939
BUREAU V. S.

09780

STATE OF MARYLAND—CERTIFICATE OF DEATH

(82-P)

1. PLACE OF DEATH

County Balto Opitz Home Registration Dist. No. 30

Village or City Catonsville No. Edmondson + Nunnerang Lane Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 14 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Anna E. Fadum If U. S. Veteran, specify WAR ____

(a) Residence: No. 3320 Richmond Ave St., Ward Balto Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest W. Fadum

6. DATE OF BIRTH (month, day, and year): Feb 10 1858

7. AGE: Years 81 | Months 8 | Days 6 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Adolph H. Sieck

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Florence Abel

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Ernest F. Fadum. (Address) 1929 E. 36th St

18. BURIAL, CREMATION, OR REMOVAL: St Pauls Druid Hill Pk Date 10-18th, 1939

19. UNDERTAKER: Mrs Chas A. G. Rohde (Address) 2327 Edmondson Ave

20. FILED 10/17, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 16th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to Oct 16, 1939

I last saw her alive on Oct 15, 1939; death is said to have occurred on the date stated above, at 8 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
cerebral Embolis	10 days.

Other Contributory Causes of Importance:

arterio sclerosis	yrs.
arterio sclerotic heart	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) [signature] M. D.

(Address) 2020 N. Charles.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

09781

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Balto.

City or town: Garrison (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 Months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Garrison Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ernest M.Fisher

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Rebecca Fisher

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct.30,1868

8. AGE: Years	Months	Days	If less than one day
69	II	22	hrs. min.

9. Birthplace: Balto.Co. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER 12. Name: John Fisher

13. Birthplace: Md.

MOTHER 14. Maiden name: Catherine Mackelfresh

15. Birthplace: Balto.Co.

16. Informant: Charles M.Fisher

Address: Garrison,Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct.24,1939 (month) (day) (year)

Cemetery or crematory: Asbury M.E.

Location: Reisterstown,Md.

18. Funeral director: J.F.Eline & Sons

Address: Reisterstown,Md.

19. Oct 23- 39 (Date rec'd by registrar) E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 22 1939, at 89, M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-16 1939, to Oct 22 1939, and that I last saw him alive on Oct 20 1939.

Immediate cause of death	DURATION
Heart Block	1 hr.
Due to Arteriosclerosis	3 yrs.
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No. Date of

Where did injury occur? None. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): None

Means of injury: None Injured at work?

23. SIGNATURE: Dr. D. Eagles M. D. or other

Address: Reisterstown, Md Date signed: 10-23-39

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NOV 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09782

1. PLACE OF DEATH (93-d)

County Balto — Registration Dist. No. 40

Village or City Upper Falls No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary M Fleury

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 14 - 1853

7. AGE Years 86 Months 5 Days 14 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Benjamin A Fleury

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Virginia M Reardon

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) P. A. Fleury Upper Falls

18. BURIAL, CREMATION, OR REMOVAL Place Lipins Cem Date Oct 30, 1939

19. UNDERTAKER (Address) Sand Sandoval Upper Falls Md

20. FILED 10/30/39, 19 N M Hammett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw her alive on Oct 28, 1939; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chr. Myocardial Disease

Date of onset

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) Willard P. Hudson M. D.

(Address) Forest Hill Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a)

Reg. Dist. No. 30

09783

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Recedo Knolls, Catonsville, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo. 17 days

(e) Length of stay in this community (yrs., mos., or days) 5mo. 17 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1205 N. Caroline St. (Boarder)
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mary Ellen Francisco

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years 82 | Months ? | Days ? | If less than one day _____ hr. _____ min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Sister Clara
(b) Address Recedo Knolls

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/39 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md

18 (a) Funeral director [illegible]

(b) Address Catonsville

19 (a) 10/24/39 (Date rec'd by registrar) (b) [illegible] Registrar

Deputy Local

MEDICAL CERTIFICATION

20. Date of death Oct. 23, 1939, at 2.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 21 1939, to Oct 23 1939, and that I last saw him alive on Oct. 23 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	2 days
Due to (left hemiplegia)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Catonsville, Md. Date signed 10/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-P)

09784

CERTIFICATE OF DEATH

Reg. Dist. No. 30

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Maryland (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): ten days

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Sparrows Point Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1302 Forest Road (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Della Fyock

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: ?

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.):

8. AGE: Years: 45 Months: 2 Days: 2 If less than one day: hrs. min.

9. Birthplace: unknown (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own home.

FATHER 12. Name: William Dunmeyer

FATHER 13. Birthplace: unknown

MOTHER 14. Maiden name: Catherine Gardner

MOTHER 15. Birthplace: unknown

16. Informant: Hospital Records

Address: Spring Grove State Hospital

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 6-1939 (month) (day) (year)

Cemetery or crematory: Oakdawn

Location: Balto Md

18. Funeral director: John C. Fuller Inc

Address: 2433-35 E. Oliver St

19. 10/3 (Date rec'd by registrar) 1939 Registrar: H. L. Sindeal Dpty Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 3, 1939, at 11:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 23, 1939, to October 3, 1939, and that I last saw her alive on October 3, 1939.

Immediate cause of death	DURATION
Pleurisy with effusion right side	10 days
Due to Hypertensive heart disease	before 1939
Due to	
Other conditions Hypertensive encephalopathy	before 1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: As given above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Serge Androp

Serge Androp, M.D. M. D. or other

Address: Spring Grove St. Hosp. Date signed: 10/3/39

RE[illegible]
OCT 12 1930
BU[illegible] U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09785

1. PLACE OF DEATH (93-C)

County Baltimore Registration Dist. No. 38

Village or City Towson No. 23 Normal Terrace St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Margaret Gallagher If U. S. Veteran, specify WAR —

(a) Residence: No. 2621 Maryland Ave St. Ward. Balto — Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Gallagher

6. DATE OF BIRTH (month, day, and year): May 31 1860

7. AGE: Years 79 | Months 4 | Days 12 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Doran

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Ellen Summers

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mary R. Gallagher 2621 Maryland Ave Balto Md

18. BURIAL, CREMATION, OR REMOVAL Place: New Cathedral Date: Oct 14, 1939

19. UNDERTAKER (Address): Henry W. Jenkins & Sons Co. McCulloch Tarbert Balto Md

20. FILED: Oct 13, 1939 [signature] Registrar. Deputy Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1939, to Oct 12, 1939

I last saw her alive on Oct 12, 1939; death is said to have occurred on the date stated above, at 9:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with fibrillation	?

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following: No

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Clewell Howell M. D.

(Address) Towson, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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OCT 31 1939
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09786

(52)

Reg. Dist. No. 37

1. PLACE OF DEATH:
County: Baltimore
City or town: Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Tufton Ave. near Shawan
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Reisterstown (near Shawan) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Wilhelmenia Parish Gill

3. (b) Social Security Number:

4. Sex: F.
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: T. Ellsworth Gill
6(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): Oct. 28, 1863

8. AGE: Years: 75 Months: 11 Days: 6 If less than one day: hrs. — min.

9. Birthplace: Chestnut Ridge Balto Co. Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Not Known
13. Birthplace:
MOTHER 14. Maiden name: Not Known
15. Birthplace:
16. Informant: Geo. L. Gill
Address: Reisterstown
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 6, 1939 (month) (day) (year)
Cemetery or crematory: Carroll Chapel
Location: Green Spring Ave., Chestnut Ridge
18. Funeral director: Landon M. Brooks
Address: Sparks, Md
19. Oct. 5 1939 (Date rec'd by registrar) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 4 1939, at 1:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1, 1939, to Oct. 4 1939, and that I last saw her alive on Oct 3 1939.

Immediate cause of death	DURATION
Myocarditis (Decompensating) (Chronic)	8 yrs
Due to la grippe	1 week
Due to	
Other conditions: epithelioma of face	(2 mos.)

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James G. Saffell M. D. or other
Address: Reisterstown, Md Date signed: 10/4/39

1938 76 1863

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (B2-A)

Reg. Dist. No. 32

09787

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Howardville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Campfield Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimo

(c) City or town Howardville (If outside city or town limits, write RURAL and give town)

(d) Street No. Campfield Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME George Phillip Gompf

3 (b) If veteran, name war —

3 (c) Social Security No. none

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Minnie E. Gompf

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3-1864

8. AGE: Years 75 | Months 6 | Days 25 | If less than one day ——— hr. ——— min.

9. Birthplace Howardville Balto. Co. Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER 12. Name Peter G. Gompf

13. Birthplace Germany

MOTHER 14. Maiden Name Annie Catherine Shultz

15. Birthplace Germany

16 (a) Informant Mrs. Minnie E. Gompf

(b) Address Howardville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Randallstown, Md

18 (a) Funeral director Francis H. Newell

(b) Address Pikesville, Md

19 (a) Oct 29-39 (Date rec'd by registrar) (b) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death 10/28 1939, at 8 15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1936, to Oct 28 1939, and that I last saw him alive on Oct 27 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 yrs
Due to Arteriosclerosis	?
Due to	
Other conditions Senile degeneration	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. E. Nichols M.D. (M. D. or other)

Address Pikesville Md Date signed Oct 29-39

RECEIVED
NOV
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (78)

09788

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
County Baltimore
City or town Rural near Reisterstown Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 14 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Rural near Reisterstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.D. Reisterstown, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Elizabeth Gore.

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed.
6 (b) Name of husband ~~or wife~~ Late Venton Gore.
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 2, 1864

8. AGE: Years 74 Months 11 Days 24 If less than one day hrs. min.

9. Birthplace Balto. Co. Maryland.
(Town, county, and state)
10. Usual occupation None.
11. Industry or business
FATHER 12. Name Dorsey.
13. Birthplace Maryland.
MOTHER 14. Maiden name Unknown
15. Birthplace "
16. Informant Mrs. Margaret E. Gamber
Address Reisterstown Maryland
17. Burial Date thereof Oct. 28, 1939.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory All Saints
Location Reisterstown, Md.
18. Funeral director C.M. Waltz
Address Winfield Md.
19. Oct. 26 1939 J. Frank Wilkinson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26, 1939, at 1:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/1/1934, to 10/26/1939,
and that I last saw her alive on 10/25/1939.

Immediate cause of death Myocarditis - chronic Decompensating
Due to hypertension + arteriosclerosis
Due to
Other conditions Amputation of left leg (mid thigh) (Include pregnancy within 3 months of death)
Major findings:
Dt operations
Dt autopsy

DURATION
Aug 1939

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James G. Saffell M. D. or other
Address Reisterstown, Md. Date signed 10/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 2 1939
BUREAU V. S.

09789

STATE OF MARYLAND—CERTIFICATE OF DEATH

(46-B)

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. Arbutus & Sylvan Avenues St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred -- yrs. 1 mos. -- ds. How long in U.S. if of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Leander J. Gormley

(a) Residence: No. 601 Powhatan Place, Washington St., Ward D. C.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) ---

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington (State or country) D. C.

FATHER

13. NAME Richard Gormley

14. BIRTHPLACE (city or town) New York (State or country) N. Y.

MOTHER

15. MAIDEN NAME Rachel Poole

16. BIRTHPLACE (city or town) Washington (State or country) D. C.

17. INFORMANT Mrs. Lillian M. Ahern (Address) 1940 W. Lanvale Street

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date 10/6 19 39

19. UNDERTAKER Henry H. Mears & Son (Address) 502 W. Saratoga St.

20. FILED 10/5 19 39 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 3 (Month) (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1939 to Oct 3 1939

I last saw h[illegible] alive on Sept 20 1939; death is said to have occurred on the date stated above, at 10:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2
Other Contributory Causes of importance: Pulmonary Edema	10/2/39

Name of operation --- Date of ---

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? --- Date of injury --- 19---

Where did injury occur? --- (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---

If so, specify No

(Signed) James H. Katzenberger M. D.

(Address) 721 Medical Arts Bldg

If more blanks are needed, address State Registrar, 311 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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OCT 7 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09790

CERTIFICATE OF DEATH

Reg. Dist. No. 32

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 4 yrs., 6 mos., 7 days

Stay in this community (yrs., or mos., or days): 4 yrs., 6 mos., 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Sparrows Point Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 1329 Forest Road (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mrs. Irene Grymes

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: William Grymes

6 (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): November 15, 1908

8. AGE: Years	Months	Days	If less than one day
30	11	3	____ hrs. ____ min.

9. Birthplace: Stewartsville, Ohio (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER — 12. Name: Benjamin Wallace

FATHER — 13. Birthplace: West Virginia

MOTHER — 14. Maiden name: Margaret Kelly

MOTHER — 15. Birthplace: West Virginia

16. Informant: Louis Schuerholz

Address: Mt. Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 21, 1939 (month) (day) (year)

Cemetery or crematory: Sacred Heart Cemetery

Location: Baltimore, Maryland

18. Funeral director: John A. Moran

Address: 3000 E. Baltimore St., Balto., Md.

19. Oct. 18 1939 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 18, 1939, at 2.03 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11, 1935, to Oct. 18 1939, and that I last saw her alive on October 18 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	Since 1933
Due to: Tuberculous Laryngitis	Since Aug. 1936
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: John A. Smith M. D.

Address: Mt. Wilson, Md. Date signed: 10/18/39

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NOV 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

09791

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Pikesville, Md. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 309 Church Lane

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Pikesville Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 309 Church Lane (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Emma Auston Gumpman

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife: Felix Gumpman

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 25, 1875

8. AGE:

Years	Months	Days	If less than one day
64	1	26	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER — 12. Name: Joshua A. Bowen

FATHER — 13. Birthplace: England

MOTHER — 14. Maiden name: Mary Leight

MOTHER — 15. Birthplace: England

16. Informant: Felix Gumpman

Address: 309 Church Lane, Pikesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 21, 1939 (month) (day) (year)

Cemetery or crematory: Mt. Olive Cemetery

Location: Old Court Road

18. Funeral director: Charles F. Dill

Address: 3109 Stafford St.

19. Oct. 20 1939 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 19th 1939, at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936, to October 18 1939, and that I last saw her alive on October 18th 1939.

Immediate cause of death	DURATION
Chronic Myocarditis	1 yr.
Due to Arterial hypertension	1936
Due to Arterio Sclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E E Nichols M.D. M. D. or other

Address: Pikesville Md. Date signed: 10/20/39

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NOV
OCT 3 1939
BUREAU V. S.

09792

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-ed

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Balto.

City or town Mt. Washington
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Levi W Haines

3. (b) Social Security Number

4. Sex Male

5. Color or race W

6. (a) Single, married, widowed, or divorced Widowed

B (b) Name of husband or wife Eliza J. Haines

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13, 1852

8. AGE: Years 86 Months 9 Days 27 If less than one day hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Carpenter.

11. Industry or business

FATHER
12. Name
13. Birthplace Md.

MOTHER
14. Maiden name
15. Birthplace Md.

16. Informant Mr John McCann.

Address

17. Burial
(Burial, cremation, or removal. Which?) Date thereof Oct 13/39
(month) (day) (year)

Cemetery or crematory Popular cem.

Location Balto. Co. Md.

18. Funeral director Hornberger & Gross.

Address Benson, Md.

19. Oct 11 1939 W. Carroll Van Horn
(Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9, 1939, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 11 1939, to Oct. 9, 1939, and that I last saw him alive on Oct. 8, 1939 19

Immediate cause of death Cardio Vascular Failure

Due to Hypostatic Congestion

Due to Postural

Other conditions Fracture of neck of left femur Sept. 10, 1939
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Date of Sept. 10, 1939

Where did injury occur? Balto. Co. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) At home

Means of injury Fall Injured at work?

23. SIGNATURE Frank H Machin M. D.
M. D. or other

Address 4037 Falls Road Date signed 10/11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RE[illegible]ED
OCT 21 1939
BUREA[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

09793

Amend items 12&14 per Court Order
3/13/2000 G-781 reb per gs

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: Balto
County
City or town Pretty Bay Damn
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Carroll
City or town Westminster R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ralph Levine Haines

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 15 1920

8. AGE: Years 19 Months 4 Days 9 If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Farmhand
11. Industry or business

FATHER
12. Name ~~Monroe~~ Haines, Denton G.
13. Birthplace Md.

MOTHER
14. Maiden name ~~Marie Horn~~ Hannah Marie Harn
15. Birthplace Md.

16. Informant Monroe Haines
Address Westminster R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 25, 1939 (month) (day) (year)
Cemetery or crematory Bailes Cem.
Location Samscreek Md.

18. Funeral director H. Bankard & Son
Address Westminster, Md

19. Nov 24 1939 (Date rec'd by registrar) Dr E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30th 1939, at ? M

21. I CERTIFY that death occurred on the date above stated; that ~~I attended deceased from~~ ~~19~~, to ~~19~~, ~~and that I last saw h~~ alive on ~~19~~.

Immediate cause of death Accidental drowning in Pretty Boy Damn. Tres upset
Due to Car found near edge of dam early morning of Oct 30
Due to Body recovered from dam noon of Nov 24-1939
Other conditions Body in advanced state of decomposition
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Accident Date of Oct 30-39
Where did injury occur? Pretty Boy Dam (City or town) Balto (County) Md (State)
Injured at home, farm, industry, public place (where?) See above
Means of injury falling in wat injured at work? No

23. SIGNATURE W P O Nyse Lieut P.M. Ex M. D. or other
Address Pikesville Md Date signed 11-24-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (1)

RECEIVED
DEC 4 1939
BUREAU V. S.

2-56-1-79

2-11-5-98

IN THE CIRCUIT COURT FOR CARROLL COUNTY, MARYLAND

IN THE MATTER OF *

THE PETITION OF *

MONROE G. HAINES * CASE NO.: C-99-30590

FOR THE AMENDMENT TO *

A VITAL RECORD *

* * * * * * * * * * * * *

RECEIVED
FEB 17 2000
MARYLAND STATE ARCHIVES

ORDER

Upon consideration of the Petition for Amendment to Vital Records and the supporting documents filed therewith, it is this 20th day of December, 1999, by the Circuit Court for Carroll County, Maryland,

ORDERED that the Death Certificate of Ralph Levere Haines, who was born on July 15, 1920 in Carroll County, Maryland and who died on October 30, 1939, be amended as follows:

Father's Name: Denton G. Haines

Mother's Maiden Name: Hannah Marie Harn

Luke K. Burns, Jr.
LUKE. K. BURNS, JR.
JUDGE

TRUE COPY TEST
Larry W. Shipley CLERK
1/15/00

RECEIVED IN
CIRCUIT COURT
CARROLL CO., MD
DEC 20 3 27 PM '99
LARRY W. SHIPLEY
CLERK

Recd 3/8/2000 — to Vault 3/9/2000

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (59) Reg. Dist. No. 37

CERTIFICATE OF DEATH

09794

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Cockeysville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 3 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)
(d) Street No. York Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Emily Moreton Harper

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 23-1862

8. AGE: Years 77 | Months 1 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Centreville Md (Town, county, and state)

10. Usual occupation Housemaker

11. Industry or business

FATHER
12. Name John Browne Hayden
13. Birthplace unknown

MOTHER
14. Maiden Name Mary Moreton
15. Birthplace Unknown

16 (a) Informant Mrs Price, Howard
(b) Address Cockeysville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31 1939 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Sandon M. Brooks
(b) Address Sparks, Md.

19 (a) Oct. 30 39 (Date rec'd by registrar) (b) Wilmer C. Ensor Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 29 1939, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1937, to Oct 28 1939 and that I last saw him alive on Oct 28 1939.

Immediate cause of death	Duration
Chronic Valvular Endocarditis	3 yrs
Due to Chronic Interstitial Nephritis	3 yrs
Due to Diabetes Mellitis Died in Coma	3 yrs 48 hrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilmer C. Ensor M.D. (M. D. or other)
Address Cockeysville Md. Date signed Oct 29/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 6 1936
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

69795

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto.
City or town Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Franklin Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Essex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Franklin Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Helm

3. (b) Social Security Number

4. Sex M.
5. Color or race W.
6. (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1939

8. AGE: Years | Months | Days | If less than one day hrs. mio.

9. Birthplace Balto Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Stanley Jos. Helm.
13. Birthplace Balto Md.

MOTHER
14. Maiden name Anna Johanna Noz
15. Birthplace Balto, Md.

16. Informant Mr. Stanley Helm
Address Franklin Ave., Essex Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Oct. 4-1939 (month) (day) (year)
Cemetery or crematory Trinity Cem.
Location Stemmers Run Rd.

18. Funeral director John G. Connelly
Address Essex Md

19. Oct 4 - 1939 John G. Connelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 1939, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death Still born

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George H. Lewis M.D.
M. D. or other
Address Essex, Md Date signed 10/4/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

NOV 6 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (165)

CERTIFICATE OF DEATH

69796

Reg. Dist. No. 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto.
City or town Beckleysville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Beckleysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John H Fahey

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Laura J Fahey
6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Aug 24 - 1875

8. AGE:

Years	Months	Days	If less than one day
64	1	25	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business own farm.

FATHER
12. Name Peter Fahey
13. Birthplace Maryland

MOTHER
14. Maiden name Sarah Hall
15. Birthplace Maryland

16. Informant Mrs John H Fahey
Address Hampstead Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 22/39 (month) (day) (year)
Cemetery or crematory Beckleysville
Location Beckleysville Md
18. Funeral director Edw C Tipton
Address Hampstead Md

19. Oct 20 1939 (Date rec'd by registrar) C. E. Fowble M.D Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19th 1939, at noon M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~,
~~and that I last saw h~~ alive on ~~19~~.

Immediate cause of death Suicide by hanging
Due to Ill health

	DURATION
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
~~Accident~~, suicide, ~~or homicide~~ hanging Date of Oct 19 - 39
Where did injury occur? Beckleysville Balto Md
(City or town) (County) (State)
Injured at home, ~~farm~~, industry, public place (where?) at home
Means of injury hanging Injured at work? No

23. SIGNATURE W. O. Hyde, D.M. Ex
M. D. or other
Address Sykesville Md Date signed Oct 19-39

RECEIVED
NOV 2 1939
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

09797

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mount Pleasant Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 9 mos. 17 days.
Stay in this community (yrs., or mos., or days) 33 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County B
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1923 Walbrook ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Louis Hershowitz

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Rebecca Hershowitz

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) March ? 1889

8. AGE:

Years	Months	Days	If less than one day
54	7	-	____hrs. ____min.

9. Birthplace Russia
(Town, county, and state)
10. Usual occupation Shoemaker
11. Industry or business Repair shop.
FATHER 12. Name Eli Hershowitz
13. Birthplace Russia
MOTHER 14. Maiden name Anna Hartz
15. Birthplace Russia
16. Informant The deceased (or administrator)
Address 1923 Walbrook Ave
17. Co (Burial, cremation, or removal. Which?) Date thereof Oct 29-39. (month) (day) (year)
Cemetery or crematory Hebrew
Location Balto.
18. Funeral director Jack Leiver
Address 1439 E Baltimore St
19. Oct. 27 1939 (Date rec'd by registrar) L. Grant Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27 1939 9.01 AM.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10 1939 to Oct 27 1939, and that I last saw him alive on October 27 1939.

	DURATION
Immediate cause of death Pulmonary Tuberculosis	√ years.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Albert F. Simon M.D.
M. D. or other
Address Reisterstown Date signed 10/27/39

RECEIVED
NOV 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (958)

Reg. Dist. No. 44

09798

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Essex (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 20 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Essex (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Frederick Himmelheber

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Catherine Himmelheber

6. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) April 23 - 1870

8. AGE: Years 69 | Months 5 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Barber

11. Industry or business self.

FATHER

12. Name Nicholas Himmelheber

13. Birthplace Germany

MOTHER

14. Maiden Name Dont know

15. Birthplace Germany

16 (a) Informant Mrs Catherine Himmelheber

(b) Address Eastern Ave Essex

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9, 1939 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Baltimore Co. Md.

18 (a) Funeral director John Ullrich

(b) Address 2008 Orleans St.

19 (a) Oct. 6-39 (Date rec'd by registrar) (b) John D. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 4 1939, at 11:20A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1939, to Oct 4 1939, and that I last saw him alive on Oct 4 1939.

Immediate cause of death Cerebral apoplexy — Duration 1 day

Due to Hypertensive cardio-vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M Baumgardner M. D. or other

Address Rosedale Md Date signed 10/4/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 10 1939
BUREAU V. S.

09799

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 3 yrs 2 mon. 23 days

Stay in this community (yrs., or mos., or days): 3 yrs. 2 mon 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Pikesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Margaret Hogan

3. (b) Social Security Number: None.

4. Sex: Fem.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): 1861

8. AGE: Years 78 | Months ? | Days ? | If less than one day ___ hrs. ___ min.

9. Birthplace: Ireland.
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business —

FATHER
12. Name: Unknown
13. Birthplace: Ireland

MOTHER
14. Maiden name: Unknown
15. Birthplace: Ireland

16. Informant: Hosp. records.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/20/39 (month) (day) (year)

Cemetery or crematory: Spring Grove Cem

Location: Catonsville Md

18. Funeral director: Spring Grove Hosp.

Address

19. 10/20 1939 (Date rec'd by registrar) H L Sudner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 14 1939, at 8:45 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21 1936, to Oct. 14 1939, and that I last saw her alive on Oct. 14 1939.

Immediate cause of death: Cerebral hemorrhage — DURATION: 1 day

Due to: General arteriosclerosis — Before 1936.

~~Due to~~ Senile psychosis — Since 1936

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Robert E. Gardner, M. D.
M. D. or other

Address: Spring Grove Hosp. Catonsville, Md. Date signed 10/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

OCT 23 1939
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09800

1. PLACE OF DEATH 93-0

County Baltimore Registration Dist. No. 30

Village or City Catonsville Ward No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad C. Hohl

(a) Residence: No. 5 N. Rolling Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amalie Hohl

6. DATE OF BIRTH (month, day, and year): Nov. 1, 1863

7. AGE: Years 75 | Months 11 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Butcher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Amalie Hohl (Address) 5 N. Rolling Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Oct. 12, 1939

19. UNDERTAKER: George L. Schwab (Address) 2101 Frederick Ave

20. FILED 10/11, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1939, to Oct 9, 1939

I last saw him alive on Oct 8, 1939; death is said to have occurred on the date stated above, at 1:45 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Depressive Myocarditis	2 years
Arterio Sclerosis General	"
Coronary Occlusion	Oct 6 1939

Other Contributory Causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Eliot W. Johnson M. D.

(Address) 3432 Frederick Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
NOV 2 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92 rr)

09801

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4 mos., 12 days

Stay in this community (yrs., or mos., or days): " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 403 Loudon Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ernest Francis Homburg

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katherine

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): August 11, 1865

8. AGE: Years 74 | Months 2 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Printer

11. Industry or business: Sun Office

FATHER
12. Name: Ernest Homburg
13. Birthplace: Maryland

MOTHER
14. Maiden name: Abbie Connors.
15. Birthplace: Ireland

16. Informant: Hospital Records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/28/39 (month) (day) (year)

Cemetery or crematory: New Cathedral

Location: Balto Md.

18. Funeral director: Edw S MacNabb

Address: Catonsville Md

19. 10/27 19 (Date rec'd by registrar) H. Andrews Registrar

39 Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 25, 1939, at 10:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13, 1939, to October 25 1939, and that I last saw him alive on October 25, 1939.

Immediate cause of death: Pneumonia, left lung; bronchial; e.w.g.a. — DURATION: 2 days

Due to: Valvular disease of the aortic valve before 1939

Due to:

Other conditions: Senile dementia " "
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: As given above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp, M.D. M. D. or other

Address: Spring Grove St. Hosp. Date signed: 10/25/39

RECEIVED
OCT 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09802

1. PLACE OF DEATH

County Baltimore Co. Registration Dist. No. 32

Village or City Eccleston No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Hopewell If U.S. Veteran specify WAR

(a) Residence: No. c/o Mr. Jason Fisher Eccleston Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Hopewell

6. DATE OF BIRTH (month, day, and year) April 20, 1886

7. AGE Years 53 Months 5 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Cook

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Thos. Severns

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jane Watts

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Thos. Hopwell Va

18. BURIAL, CREMATION, OR REMOVAL Place West Moreland Co. Date 10-3, 1939

19. UNDERTAKER (Address) Mrs Frances A. Huesley 578 W. Biddle St

20. FILED Oct. 3rd, 1939 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October ~~Sept.~~ (Month) 1st (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 1934, to Sept, 1939

I last saw her elive on Sept. 29, 1939; death is said to have occurred on the date stated above, at 8:30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Thrombosis of Coronary Artery	10/1/39

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. Murray Fisher M. D.

(Address) 18 E. Eager St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Univ 4289

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 3 1928
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-d)

09803

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto
County
City or town Edgemere
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Edgemere Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Sycmore Ave + Lodgeforest Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Susan Jackson

3. (b) Social Security Number

4. Sex: female
5. Color or race: colored
6. (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Charlie Jackson
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): April 15 - 1865
8. AGE: Years 74 ~~85~~ Months 6 Days 14 If less than one day ____ hrs. ____ min.
9. Birthplace: Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Moses Groshel
13. Birthplace: Md
MOTHER 14. Maiden name: Margaret
15. Birthplace: Md
16. Informant: Gertrude Hartley
Address: Edgemere Balto, Co. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 31st 1939 (month) (day) (year)
Cemetery or crematory: Mt Calvery Cem.
Location: Brooklyn A. A. Co. Md
18. Funeral director: Byron & Mamie W. Knight
Address: 1218 McElderry St Balto, Md.
19. Oct. 31 1939 (Date rec'd by registrar) John G. Connell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 29th 1939, at 2 M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__, ~~and that I last saw h~~ ____ alive on ____ 19__.
Immediate cause of death: Paralysis; duration unknown; but of long standing. [illegible]
Due to: Senile degeneration
Due to: found dead in bed had not had a Dr
Other conditions: Not known whether preceded by cerebral hemorrhage or not.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: W. P. E. Wyse Dept PM Ex
M. D. or other
Address: Pikesville Md Date signed 10-29-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

09804

STATE OF MARYLAND—CERTIFICATE OF DEATH

(97)

1. PLACE OF DEATH

County Balto. Registration Dist. No. 38

Village or City near N. Washington No. Lake Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 93 yrs. 2 mos. 12 ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Ellen Rogers Jenkins If U. S. Veteran, specify WAR no

(a) Residence: No. Lake Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph W. Jenkins

6. DATE OF BIRTH (month, day, and year) Aug-1-1846

7. AGE Years 93 Months 2 Days 12 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Joseph Rogers

14. BIRTHPLACE (city or town) Phila. (State or country) Penna

MOTHER

15. MAIDEN NAME Miss Robinson

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs J Gorsan Cooper (dry Lbr) (Address) Lake Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Oct-16, 1939

19. UNDERTAKER Stewart Morrison Company (Address) 108 W Norfolk Av. Balto.

20. FILED Oct 15, 1939 Wilbur Van Horn Deputy Nicol Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 13th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 1916 to October 13th, 1939

I last saw her alive on October 13th, 1939; death is said to have occurred on the date stated above, at 11:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis in association with extreme old age	1934

Other Contributary Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19__

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Wm. M. Dabney M. D.

(Address) Ruxton Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09805

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 31

(82-0)

1 PLACE OF DEATH

County Baltimore

Village or City Woodlawn (No. Gwynn Oak Ave St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ada M Johnson

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: March (Month) 28 (Day) 1877 (Year)

7 AGE: 62 yrs. 6 mos. 10 ds. (If LESS than 1 day ___ hrs. or ___ min.)

8 OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed or (employer): Home

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Crowther

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Susan M Johnson

13 BIRTHPLACE OF MOTHER (State or country): Alexandria Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Johnson

(Address) Gwynn Oak Ave (Woodlawn)

15 Filed Oct 8 1939 J J Miller Reid Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 8th, 1939
Oct (Month) 8 (Day) 1939 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Sept 20 1939 to Oct 8th 1939 that I last saw h alive on Oct 7th 1939, and that death occurred on the date stated above, at 1:43 a m.

The CAUSE OF DEATH * was as follows:

Hemorrhage of Brain

(Duration) ___ yrs. ___ mos. 1 ds.

Contributory Secondary: Second Stroke on Oct 7th 39

(Duration) ___ yrs. ___ mos. 1 ds.

(Signed) Geo G Everhart M. D.

(Address) 5100 Windsor Mill

Oct 8 1939

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn — DATE OF BURIAL: Oct 10, 1939

2D UNDERTAKER: William Cook — ADDRESS: 1217 St Paul St. Balto

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. Balto

V. S. No. 1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Solesmon,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

69806

1. PLACE OF DEATH (95-C)

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. Opitz Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 3 mos. 15 ds. How long in U.S. if of foreign birth? 70 yrs. mos. ds.

2. FULL NAME James Johnson, If U. S. Veteran, specify WAR

(a) Residence: No. 2842 W. North Ave. Balto. Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine W. Johnson,

6. DATE OF BIRTH (month, day, and year) May 20. 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Worker in

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Brass Foundry

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME James Johnson,

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Mary J. Lau, Woodlawn (Address) 6 Summerfield Road

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Greenmount Date OCT 21 1939

19. UNDERTAKER Geo W Settle (Address) 2700 Edmondson Ave

20. FILED 10/20, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 18 (Day) 1939 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1939 to Oct 18, 1939

I last saw him alive on Oct 18, 1939; death is said to have occurred on the date stated above, at 5 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chr. Degenerative Cardio Vascular Disease	2 yrs

Other **Contributory Causes** of importance:

Neme of operation None Date of

What test confirmed diagnosis? Clinical Was thera an autopsy? No

23. If daath was due to external causes (VIDLENCE) fill in also tha following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in eny way related to occupation of daceased? No

If so, specify

(Signed) James B Howell M. D.

(Address) Catonsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED NOV 2 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED OCT 24 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-C)

09807

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hosp.
Stay in hospital or inst. (yrs., or mos., or days): 11 month 17 days
Stay in this community (yrs., or mos., or days): 11 months 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles.
City or town: Rock Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Joseph Johnson
3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma
6(c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.): Nov. 6, 1867

8. AGE:

Years	Months	Days	If less than one day
71	11	16	— hrs. min.

9. Birthplace: Issue Md. (Town, county, and state)
10. Usual occupation: Fisherman
11. Industry or business: Oysterman
FATHER
12. Name: George Johnson
13. Birthplace: St. Mary Co. Md.
MOTHER
14. Maiden name: Mary Hayden
15. Birthplace: St. Mary Co. Md.
16. Informant: Hosp. record.
Address: Spring Grove Hosp.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 22/39 (month) (day) (year)
Cemetery or crematory: Waldorf, Md.
Location
18. Funeral director: Hunt & Ryon
Address: Waldorf Md
19. 10/22 1939 (Date rec'd by registrar) H. C. Sudrual Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 22 1939, at 8:45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 5 1938 to Oct. 22 1939 and that I last saw him alive on Oct. 22 1939.

Immediate cause of death	DURATION
Chronic myocarditis	Before 11/5/38
Due to General arterio sclerosis	"
Due to	
Other conditions: Senile psychosis.	1935

(Include pregnancy within 3 months of death)
Major findings:
Of operations: No
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Robert E. Gardner M. D. M. D. or other
Address: Catonsville Md. Date signed: 10/22/39
Spring Grove State Hosp.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09808

1. PLACE OF DEATH (948)

County Baltimore Registration Dist. No. 42

Village or City Arbutus No. Maple Ave. & Orchard Drive St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen M. Kerns

(a) Residence: No. Maple Ave. & Orchard Drive St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ~~married~~ widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph B. Kerns

6. DATE OF BIRTH (month, day, and year) July 5, 1873

7. AGE Years 66 Months 3 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Duties
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) 9 *14*39
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER
13. NAME W. A. McClelland
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Lucretta Haebler
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anne Heaps
(Address) Maple ave + orchard Drive

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem Date Oct. 17, 1939

19. UNDERTAKER Mrs. Mary Gowthrop
(Address) Rockdale Md

20. FILED Oct 15, 1939 Geo Kieffer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 14 1939. (Month) (Day) (Year), 193

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on about 11 A. M., 19.....; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertension	
Myocarditis	

Other Contributory Causes of importance:

Cerebral thrombosis
sudden death

Name of operation Inquiry Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19.....
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Geo W Kieffer Deputy Med Exam Balto Co M.D.
(Address) 1010 Leeds ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

09809

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: Baltimore
City or town: Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Sheppard & Enoch Pratt Hospital, Towson
Stay in hospital or inst. (yrs., or mos., or days): 14 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 18 Allegheny Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Joseph Kittel

3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Rebecca Harlebein
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Feb 21, 1858
8. AGE: Years 81 Months 7 Days 26 If less than one day ____ hrs. ____ min.
9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name / 13. Birthplace: Unknown
MOTHER 14. Maiden name / 15. Birthplace: Unknown
16. Informant: Hospital records
Address
17. (Burial, ~~cremation~~, or ~~removal~~. Which?) Date thereof: Oct 20, 1939 (month) (day) (year)
Cemetery or crematory: St Paul Violetville
Location: Balto. City
18. Funeral director: Chas A. G. Rhode
Address: 2327 Edmondson Ave
19. Oct 17 1939 (Date rec'd by registrar) W. Harrell Vanstorm Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 17 1939, at 6 45 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 4 1939, to Oct 17 1939, and that I last saw him alive on Oct 17 1939.

Immediate cause of death	DURATION
Bronchopneumonia	2 days
Due to Chronic myocarditis	unknown
Due to	
Other conditions Senile psychosis	unknown

(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work?

23. SIGNATURE: Arthur E. Pattrell, M.D. M. D. or other
Address: Towson, Maryland Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09810

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: BALTIMORE

City or town: CATONSVILLE. MD.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: OPITZ HOME

Stay in hospital or inst. (yrs., or mos., or days): 1 WK.

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: A. A.

City or town: Arnold Maryland Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Arnold Maryland

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: JOHN E. KLEIN

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	SINGLE

6 (b) Name of husband or wife: SINGLE

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): APRIL 28, 1863

8. AGE: Years	Months	Days	If less than one day
...66.....	5	6	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Leut. Balto. City

11. Industry or business: Police Dept. Detective. Ret.

FATHER — 12. Name: John L. Klein

FATHER — 13. Birthplace: Germany

MOTHER — 14. Maiden name: Catherine ?????

MOTHER — 15. Birthplace: Germany

16. Informant: Charles F. Klein

Address: 4206 MassachusettsAve

17. ...Burial..... (Burial, cremation, or removal. Which?) Date thereof: October 7/39 (month) (day) (year)

Cemetery or crematory: ..Loudon Park Cemetery

Location: 3801 Frederick Ave. City

18. Funeral director: F. B. Kilpatrick & Son

Address: 1300 Eutaw Place....c

19. 10/6/39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: ...October 4 1939, at 5:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 29 - 1939 to Oct 4 1939, and that I last saw him alive on Oct 4 1939.

Immediate cause of death	DURATION
Cerebral Arterio Sclerosis	1 Mon.
Due to	
Due to	
Other conditions: Myocardial Dis. Chr.	1 Yr.

(Include pregnancy within 3 months of death)

Major findings:

Operations: None

Autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: James Stowell M. D. or other

Address: Frederick Ave. Date signed: 10/6/39

Catonsville, Md.

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NOV 2 1939
BUREAU V. S

STATE OF MARYLAND—CERTIFICATE OF DEATH

MDK

09811

1. PLACE OF DEATH (131)

County ~~A. A. Co~~ Balto Co Registration Dist. No. 42

Village or City English Council No. Walnut Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Koppleman If U. S. Veteran, specify WAR

(a) Residence: No. Walnut Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Koppleman

6. DATE OF BIRTH (month, day, and year): Feb. 22 1852

7. AGE: Years 87 | Months 7 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER

13. NAME: Not Known.

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT (Address): Mrs John F Wenger English Council

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross A. A. Co. Date: 10-11, 1939

19. UNDERTAKER (Address): Bernard C. Harle 121 E West St

20. FILED: Oct 10, 1939 G. Keiffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 8th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1939 to Oct. 8, 1939

I last saw him elive on Oct. 7, 1939; death is said to have occurred on the date stated above, at 2:55 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Nephritis (Indef.) | Date of onset

Other Contributory Causes of importance:

Arteriosclerosis (Indef.)

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. L. Campbell M. D.

10/9/39 (Address) 1644 Hanover St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 2 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09812

Reg. Dist. No. 41

1. PLACE OF DEATH:

County Balto

City or town Fort Howard
(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution.~~ Howard Ave & Old Bay Rd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Rural Near Fort Howard Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Howard Ave & Old Bay Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stephen Labuda

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alexandra Labuda

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.): June 25, 1875

8. AGE: Years 64 | Months 3 | Days 17 | If less than one day ___ hrs. ___ min.

9. Birthplace: Austria-Hungary
(Town, county, and state)

10. Usual occupation: Grocery Merchant

11. Industry or business

FATHER
12. Name: Stephen Labuda
13. Birthplace: Austria-Hungary

MOTHER
14. Maiden name: Mary Unknown
15. Birthplace: Austria Hungary

16. Informant: Alexandra Labuda
Address: Fort Howard

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 16/39 (month) (day) (year)

Cemetery or crematory: Holy Redeemer

Location: Baltimore Md.

18. Funeral director: Frank Coach & Son

Address: 1906 Ashland Ave

19. 10/13/39 (Date rec'd by registrar) 19 M. Carmine Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1939, at about 2-30 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~ ~~to~~ ~~19~~, and that I last saw h ~~alive on~~ ~~19~~.

Immediate cause of death: was valvular heart disease

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. O. Nyce Dept. P.M. Ex
M. D. or other

Address Pasadena Md Date signed 10-12-39

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OCT 18 1939
BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09813

95-P

1. PLACE OF DEATH

County Balto Registration Dist. No. 31

Village or City Randallstown No. Campfield Rd. Augsburg Home St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John F. Letmate If U. S. Veteran, specify WAR ____

(a) Residence: No. Augsburg Home St., Ward. (Usual place of abode) Eastern Ave Rd. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Letmate

6. DATE OF BIRTH (month, day, and year) Sept 15 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
87	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John F Letmate

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME ? Schroeder

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Augsburg Home Record. (Address) Campfield Rd.

18. BURIAL, CREMATION, OR REMOVAL St Pauls Violettsville Place Date 10-26, 1939

19. UNDERTAKER Mrs Chas A. G. Rohde (Address) 2327 Edmondson Ave

20. FILED Oct 23, 1939 J.J. Miller Piel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 22nd, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1939 to Oct. 22nd, 1939

I last saw him alive on Oct. 21st, 1939; death is said to have occurred on the date stated above, at 5 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
1) - Arterio - Sclerotic Heart Disease.	?

Other **Contributory Causes** of importance:

1) - Chronic Bronchitis	?

Name of operation None Date of ____

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify ____

(Signed) Earl L. Chambers M. D.

(Address) 4108 Liberty Hts. Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

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The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED NOV 3 1930 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95B) Reg. Dist. No. 31

CERTIFICATE OF DEATH

09814

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Randallstown
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
McDonogh Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 3y

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Randallstown
(If outside city or town limits, write RURAL and give town)

(d) Street No. McDonogh Road
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Theodore Leuze

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 26 1854

8. AGE: Years	Months	Days	If less than one day
84	10	19	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Noah Leuze

13. Birthplace Germany

MOTHER

14. Maiden Name Barbara Aigler

15. Birthplace Germany

16 (a) Informant Mrs. Amelia L. Leuze

(b) Address McDonogh Rd., Randallstown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Olive Cemetery

Location Randallstown, Md.

18 (a) Funeral director [illegible]

(b) Address 1003 W. Baltimore St.

19 (a) Oct 14 1939 (Date rec'd by registrar) (b) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. Date of death October 12 1939, at 7.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Oct. 12 1939, and that I last saw him alive on Oct 12 1939.

Immediate cause of death	Duration
Cardio Vasular Disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm E Martin M. D. or other

Address Randallstown, Md. Date signed 10/12/39

~~Harrisonville~~

RECEIVED
NOV 8 1939
BUREAU V. S.

ERVED FOR B

County

09815

BALTIMORE ~~CITY~~ HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-a

Registered No. 32

1. PLACE OF DEATH:

(a) Baltimore ~~City~~, ~~Maryland~~ County

(b) ~~Street~~ address Pikesville, McHenry Rd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)

(d) Street No. Mc Henry Road
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. Milford M. Levy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Elsa K. Levy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jany. 20, 1892

8. AGE: Years 47 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Florida
(Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name Aaron Levy
13. Birthplace New York

MOTHER
14. Maiden Name Hannah Blum
15. Birthplace Washington, D.C.

16 (a) Informant Mrs. Elsa K. Levy
(b) Address Mc Henry Rd.

17 (a) Cremation (b) Date thereof 10/12/39
(Burial, cremation, or removal) (month) (day) (year)

(c) ~~Cemetery or~~ crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director David Sondheim & Son
(b) Address 1702 Eutaw Place

19 (a) 10/11/39 (b) E. E. Nichols
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10 1939, at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1939, to Oct 10 1939, and that I last saw him alive on Oct 9 1939.

Immediate cause of death	Duration
Rheumatic cardio-vascular disease. Aortic Stenosis	10 yrs
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Milton Sheon M. D.

Address Medical Arts Bldg. Date signed 10/10/39

RECEIVED
OCT 14 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (95-6)

09816

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County: Balto
City or town: Sparrows Point
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Iroquois Rd
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 4 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Sparrows Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 8 Iroquois Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: John F Lieb (LIEB)

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife: Mary Yeager Lieb
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): Jan. 2, 1861

8. AGE: Years: 78 Months: 9 Days: 10 If less than one day: hrs. min.

9. Birthplace: Philadelphia, Pa. (Town, county, and state)
10. Usual occupation: ~~Mr~~ Butcher
11. Industry or business: Meat Business

FATHER
12. Name: ~~unknown~~ Jacob Lieb
13. Birthplace: ~~unknown~~ Germany.

MOTHER
14. Maiden name: ~~unknown~~ Regina Weiss
15. Birthplace: Germany

16. Informant: John F. Lieb
Address: Forest Lodge

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 11 1939 (month) (day) (year)
Cemetery or crematory: Northwood.
Location: Philadelphia Penna.

18. Funeral director: C. Vernon Lemmon
Address: 4611 Park Heights Baltimore, City

19. Oct 13 1939 (Date rec'd by registrar) Dawson L. Farber Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 12th 1939, at Unknown M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~, ~~and that I last saw h~~ alive on ~~19~~.

Immediate cause of death: was heart disease, do not know pain characters as
Due to: could not find any one who knew or
Due to: saw him when he died

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. T. E. Nyse Deph P.M. Ex. M. D. or other
Address: Sucesville Md Date signed: 10-12-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 31 1939
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-F) Reg. Dist. No. 30 09817

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Catonsville Manor
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Queen Anne st
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 20 yr

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville Manor
(If outside city or town limits, write RURAL and give town)
(d) Street No. Queen Anne st
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Sophia a Lucas

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	married

6 (b) Name of husband or wife Joseph Lucas
6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Sept. 8 1888.

8. AGE: Years	Months	Days	If less than one day
51	1	9	_____ hr. _____ min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual occupation Home
11. Industry or business

FATHER
12. Name unknown Hanny
13. Birthplace unknown

MOTHER
14. Maiden Name Sophia Rohman
15. Birthplace Cumberland Md

16 (a) Informant Joseph Lucas
(b) Address Queen anne st Catonsville Md

17 (a) _____ (Burial, cremation, or removal) (b) Date thereof Oct. 19. 1939. (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Frederick ave. City

18 (a) Funeral director Geo. Leinhardt
(b) Address 525 Lynhurst St.

19 (a) 10/18/39 (Date rec'd by registrar) (b) _____ Registrar
Deputy Local

MEDICAL CERTIFICATION

20. Date of death Oct 17 1939, at 8-15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____, and that I last saw him alive on _____ 19____.

Immediate cause of death	Duration
Cardio vascular disease	
Hypertension	
Due to	
Due to Apoplexy	
Other conditions sudden death	
Injury	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury

23. Signature Dr. W. Kieffer Deputy Med Exam. of Balto
M. D. or other
Address 1010 Leadenhall Date signed Oct 17, 39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 24 1939
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-B)

09818

CERTIFICATE OF DEATH

Reg. Dist. No. 44

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: Balto.
County
City or town Stemmers Run - Essex Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Essex Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION) ✓
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lucy NELLIE May

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Geo. May
6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Feb. 22nd 1886

8. AGE: Years	Months	Days	If less than one day
53	7	28	hrs. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual occupation Home ✓
11. Industry or business

FATHER
12. Name Samuel N. Ball
13. Birthplace Baltimore Md.

MOTHER
14. Maiden name Laura A. Mueller
15. Birthplace Balto. Md.

16. Informant Frank Ball
Address 304 N. Milton Ave.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 23, 1939 (month) (day) (year)
Cemetery or crematory London Park
Location Balto. Md.
18. Funeral director Geo. Weber & Son
Address 2503 Edmondson Ave
19. Oct. 20 19 39 (Date rec'd by registrar) John D. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 19 39, at 1 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 19 39, to Oct 20 19 39, and that I last saw her alive on Oct 17 19 39.

Immediate cause of death Coronary thrombosis — DURATION
Due to Generalized arterio-sclerosis
Due to
Other conditions Involutional melancholia. Old fracture
(Include pregnancy within 3 months of death)
Major findings: 4th metatarsal, Lt.
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George A. Davis M.D.
M. D. or other
Address Essex, Md. Date signed 10/20/39

RECEIVED
OCT 21 1939
BUREAU F. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09819

(82-a)

1. PLACE OF DEATH

County Baltimore Co Registration Dist. No. 38

Village or City Towson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James A. McQuade If U. S. Veteran, specify WAR

(a) Residence: No. Old Harford Rd R.F.D.6 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) 6-3-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Custom Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John A McQuade

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Toghert

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Frank McQuade (Address) Old Harford Rd R.F.D.6

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 10/30, 1939

19. UNDERTAKER Leonard J Ruck (Address) 5305 Harford Rd

20. FILED 10/28, 1939 A. M. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10 (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb 2, 1938, to Oct 27, 1939

I last saw him alive on Oct 26, 1939; death is said to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Left Hemiplegia	

Other Contributory Causes of Importance:

Myocardial Insufficiency

Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Claud Simms M. D.

(Address) 4706 Harford Road

10/28/39

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Mrs Maurer
709 E. Chas St.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ENTERED NOV 3 1928 BUREAU V.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107a) Reg. Dist. No. 44

CERTIFICATE OF DEATH

09820

VS. A15 MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Edgemere (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 2609 Sparrow Point Rd
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 22 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Edgemere (If outside city or town limits, write RURAL and give town)
(d) Street No. 2609 Sparrow Point Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Henry C Miller

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Amanda

6. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Feb. 28. 1887.

8. AGE: Years 52 | Months 7 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore — (Town, county and state)

10. Usual occupation Huckster

11. Industry or business Fruits & Vegetables Sales

FATHER
12. Name Henry Miller —
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Stern
15. Birthplace ~~Germ~~ Balto. Md

16 (a) Informant Amanda Miller (wife)
(b) Address 2690 Sparrows Pt Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27/39 (month) (day) (year)
(c) Cemetery or crematory Schwartz
Location O'Donnell st Balto

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) Oct 25-39 (Date rec'd by registrar) (b) Dawson L. Parker Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 24 1939, at 3 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19 1939, to Oct. 24 1939, and that I last saw him alive on Oct. 24 1939:

Immediate cause of death	Duration
(a) Broncho pneumonia	3 days
Due to (b) acute Bronchitis	1 week
Due to (c) Bronchial asthma	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis N. Sollen. M.D. (M. D. or other)
Address Sparrows Point. Date signed 10/24/39
md

RECEIVED
NOV 9 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 43

09821

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH

(a) County Baltimore

(b) City or town Glen Arm - Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Simms Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 3 5yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Glen Arm - Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Simms Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** James Bernard Mohr

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Annie E. Mohr

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1865

8. **AGE:** Years 74 | Months 8 | Days 5 | If less than one day _____ hr. _____ min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)

10. Usual occupation Blacksmith & farmer

11. Industry or business

FATHER

12. Name Henry Mohr

13. Birthplace Germany

MOTHER

14. Maiden Name Mary Dewey (?)

15. Birthplace Ireland

16 (a) Informant Louise Mohr

(b) Address Glen Arm R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10/39 (month) (day) (year)

(c) Cemetery or crematory St. Joseph's

Location Fulbston

18 (a) Funeral director Leonard J. Roth

(b) Address 6305 Harford Road

19 (a) 10/9/39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 7 1939, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1938, to Oct. 7 1939, and that I last saw him alive on Oct. 5 1939.

Immediate cause of death	Duration
Gangr. ulcerating nephritis	
Hypertension & arteriosclerosis	10 mos +
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. M. Bacon, M. D. M. D. or other

Address Parkville, Md. Date signed 10/8/39

RECEIVED
NOV 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (3) Reg. Dist. No. 37 09822

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Balto.
(b) City or town Sparks Md. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Sparks Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Still birth - Mosby

3 (b) If veteran, name war | 3 (c) Social Security No.

4. Sex: Unknown | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30/39

8. **AGE:** Years | Months | Days | If less than one day: Stillbirth hr. min.

9. Birthplace Sparks Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Avon Mosby.
13. Birthplace Md.

MOTHER
14. Maiden Name Lilly May White.
15. Birthplace Va.

16 (a) Informant Avon Mosby.
(b) Address Sparks Md.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct 30/39 (month) (day) (year)
(c) Cemetery or crematory Quaker Bottom
Location Sparks Md.

18 (a) Funeral director Langdon Brooks
(b) Address Sparks Md.

19 (a) Oct 30/39 (Date rec'd by registrar) (b) Wilmer C Emory Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 30 1939, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19..., and that I last saw him alive on 19...

Immediate cause of death	Duration
Still birth.	
Due to (7 mo.)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Wilmer C. Emory M.D. (M. D. or other)
Address Cockeysville Md. Date signed Oct 30/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1939
MAIL SEC. U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (50) Reg. Dist. No. 44

CERTIFICATE OF DEATH

09823

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town White Marsh (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Red Lion Rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 31 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town White Marsh (If outside city or town limits, write RURAL and give town)
(d) Street No. Red Lion Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Dora Mullen

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife John Mullen

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25 - 1882

8. AGE: Years 56 | Months 9 | Days 7 | If less than one day ____hr. ____min.

9. Birthplace Italy (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Pete Mouceur.
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Pete Mullen
(b) Address White Marsh Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/39 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Park
Location Taylor Ave.

18 (a) Funeral director John B. Connelly
(b) Address Essex Md.

19 (a) 10/4/39 (Date rec'd by registrar) (b) John B. Connelly Registrar

MEDICAL CERTIFICATION

20. Dste of death Oct 2 1939, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26 1939, to Oct 2 1939, and that I last saw him alive on Oct 2 1939.

	Duration
Immediate cause of death Toxemia	2 mos
Due to Carcinoma left Breast.	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged ststistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. Baumgardner M. D. or other
Address Dundalk Md Date signed Oct 2/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

09824

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 5 mos. 2 das.

Stay in this community (yrs., or mos., or days): 1 yr. 5 mos. 2 das.

2. USUAL RESIDENCE (HOME) OF DECEASED: unknown (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Pikesville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Augsburg Home (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Goswin Von Munchow

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Unknown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: 78 Months: Days: If less than one day ____ hrs. ____ min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: ?

11. Industry or business: ?

FATHER

12. Name: Emdow Munchow

13. Birthplace: Germany

MOTHER

14. Maiden name: ?

15. Birthplace: ?

16. Informant: Hospital Records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 23, 1939 (month) (day) (year)

Cemetery or crematory: Immanuel Cem

Location: Trindon Lane

18. Funeral director: L. Heemann Son

Address: 32 S. Broadway

19. 10/21 (Date rec'd by registrar) 1939 [signature] Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 21, 1939, at 9:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19, 1938, to October 21, 1939, and that I last saw him alive on October 21, 1939.

Immediate cause of death	DURATION
Chronic myocarditis	Before 1938
Due to Hypertensive heart disease	Before 1938
Due to Generalized arteriosclerosis	Before 1938
Other conditions: Senile dementia (Include pregnancy within 3 months of death)	Before 1938

Major findings:

Of operations: No

Of autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: No Date of:

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): No

Means of injury: Injured at work?

23. SIGNATURE: Serge Androp M. D. or other

Address: Serge Androp Spring Grove Hospital Date signed: 10/21/39

RECEIVED
NOV 2 1939
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (952)

Registered No. 09825

1. PLACE OF DEATH: Baltimore Co.

(a) Baltimore City, Maryland

(b) Street address 7508 Old Harford Rd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 7508 Old Harford Rd
(If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Christopher Muth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W.

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of ~~husband~~ or wife Minnie Landau

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24-1856

8. AGE: Years 82 | Months 10 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Minnie Muth

(b) Address 7508 Old Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-39 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location

18 (a) Funeral director Leonard J Ruck

(b) Address 5305 Harford Rd.

19 (a) Huntington (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1939, at 4:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1938, to 10/8 1939, and that I last saw him alive on 10/7 1939.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerotic Cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 4 Days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. H. Teier

Address Dunkirk + York Rd. Date signed 10/8/39 M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OCT 10 1939

BUREAU U.S.
OCT 11 1939
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C)

Reg. Dist. No. 64

09826

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Stemmers Run
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: old Pulaski Rd
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in this community (yrs., mos., or days) 45

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Stemmers Run
(If outside city or town limits, write RURAL and give town)
(d) Street No. Old Pulaski Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? ---years

3 (a) FULL NAME Kate R Myers

3 (b) If veteran, name war

3 (c) Social Security No. 4

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Andrew Myers

6. (c) If alive, give age ---years

7. Birth date of deceased (mo., day, yr.) Dec 21 1869

8. AGE: Years 69 | Months 9 | Days 17 | If less than one day ---hr. ---min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual occupation Home

11. Industry or business self

FATHER
12. Name Andrew Meeter
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mrs Ayne Freund
(b) Address Pula Rd & Rosedale ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12th 39 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran
Location Balto Co Md

18 (a) Funeral director Graham & Son
(b) Address 740 E Belair Balto

19 (a) Oct. 9 - 1939 (Date rec'd by registrar) (b) John J. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 8 1939, at 9-30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from --- 19--, to --- 19---, and that I last saw him alive on --- 19---.

Immediate cause of death	Duration
Myocardial degeneration	
Due to Arteriosclerosis	
Due to Cardio vascular disease	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo W Kiefer Med Examiner (M. D. or other)
Address 1010 Leed ave Date signed Oct 9-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 21 1939
BUREAU V. S.

09827

STATE OF MARYLAND—CERTIFICATE OF DEATH

82-01

1. PLACE OF DEATH

County Balto. Registration Dist. No. 44

Village or City Sparrows Point No. 810-C-St — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Owen If U. S. Veteran, specify WAR NONE

(a) Residence: No. 810-C-St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Owen

6. DATE OF BIRTH (month, dey, end yeer) Feb 19 1861

7. AGE	Yeers	Months	Days	If LESS then 1 dey, hrs. or min.
	78	7	20	

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceesed lest worked et this occupation (month and year) none

11. Total time (yeers) spent in this occupetion none

12. BIRTHPLACE (city or town) Johnstown (Stete or country) Penna.

FATHER

13. NAME Eben James

14. BIRTHPLACE (city or town) Ebbwvale (Stete or country) Wales

MOTHER

15. MAIDEN NAME Esther Jenkins

16. BIRTHPLACE (city or town) Blaenavon (State or country) Wales

17. INFORMANT Mrs Esther Harris Nankwell (daughter)

(Address) 810-C-St-Sparrows Point

18. BURIAL, CREMATION, OR REMOVAL

Place Johnstown Pa. Date Oct-10, 1939

19. UNDERTAKER Stewart Mortuary Company

(Address) Baltimore

20. FILED Oct 9, 1939 Simon L. Harter Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 9 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb., 19 39, to Oct 9th, 19 39

I last saw her alive on Oct 8th, 1939; deeth is said to heve occurred on the dete steted above, at 1.10 a.m. a

The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:

	Date of onset
Arteriosclerosis	Feb 1933
Other Contributory Causes of importance: Apoplexy	Sept 39

Name of operetion Dete of

Whet test confirmed diegnosis? Was there an autopsy?

23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Wes disease or injury in eny wey reteted to occupation of deceased?

If so, specify

(Signed) Frank C Tedyard M. D.

(Address) Sparrows Point

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

53-8

Reg. Dist. No. 40

09828

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Glenarm (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Long Green Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 60

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Glenarm (If outside city or town limits, write RURAL and give town)

(d) Street No. Long Green Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME William C. Piper

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Laura M. Piper

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1861

8. AGE: Years 78 Months 1 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace Harford County, Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Henry Piper

13. Birthplace Harford Co., Md.

MOTHER

14. Maiden Name Eliza ?

15. Birthplace Harford Co., Md.

16 (a) Informant Mr. Raymond Piper

(b) Address Glenarm, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1939 (month) (day) (year)

(c) Cemetery or crematory Waugh M. E.

Location Glenarm, Md.

18 (a) Funeral director F. Lassalle & Son

(b) Address 7401 Belair Road

19 (a) 10/28/39 (Date rec'd by registrar) (b) N. M. Hammett Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 28th 1939, at 1:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1939, to Oct 28 1939, and that I last saw him alive on Oct 28 1939.

Immediate cause of death: Carcinoma of pelvis and spine. — Duration: 8 months

Due to: Chronic Myocarditis — 1 year

Due to: Primary carcinoma of pelvis. — C.W.G.R.

Other conditions: Duration: one year.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Walter M. Hammett M. D. or other

Address Baldwin Date signed Oct 28-39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 2 1939
BUREAU V. S.

09829

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 31

(159)

1 PLACE OF DEATH
County Balto
Village or City Woodlawn No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Porter

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	X

6 DATE OF BIRTH
Oct 29, 1939
(Month) (Day) (Year)

7 AGE
2 hours
yrs. mos. ds.
If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work X
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

PARENTS

10 NAME OF FATHER John A. Porter
11 BIRTHPLACE OF FATHER (State or country) Catonsville
12 MAIDEN NAME OF MOTHER Evelyn M. Euler
13 BIRTHPLACE OF MOTHER (State or country) Balto. Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John A. Porter
(Address) Woodlawn

15 Filed Oct 30 1939 J J M Piel Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 29, 1939
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 9:30 P.M. 10/29/39 to 11 P.M. 10/29, 1939 that I last saw him alive on Oct 29/39., 192 , and that death occurred on the date stated above, at 1:00 P. m.

The CAUSE OF DEATH * was as follows:

Premature Birth
at 8th month only
5 1/2 or 6 Months Baby
(Duration) yrs. mos. ds.

Contributory Secondary Premature Birth
(Duration) yrs. mos. ds.

(Signed) Geo F. Everhart M. D.
10/30 1939 (Address) 5100 Windsor Mill

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olive Cem	, 19
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sorcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 3 1930

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

19830

Reg. Dist. No. 9-38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 70 days

Stay in this community (yrs., or mos., or days): 70 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4510 Valley View ave.,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Joan Kathryne Pritchett

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: John Pritchett ?

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): October 1. 1918

8. AGE:

Years	Months	Days	If less than one day
21	0	13	____ hrs. ____ min.

9. Birthplace: Maryland.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home.

FATHER — 12. Name: Max F. X. Pawlik

FATHER — 13. Birthplace: Germany

MOTHER — 14. Maiden name: Joanna Witzgall

MOTHER — 15. Birthplace: Germany

16. Informant: Personal History-Hospital Records

Address: Eudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/18/39 (month) (day) (year)

Cemetery or crematory: Holy Redeemer

Location: Baltimore, Md

18. Funeral director: Sherwood & Livingston

Address: 21 W. 25th

19. Oct 16 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 14 1939, at 7.45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 5 1939 to October 14 1939, and that I last saw h-- alive on October 14 1939

Immediate cause of death	DURATION
Pulmonary Tuberculosis	June 1928
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None.

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: W. A. Bridges M. D. or other

Address: Towson, Md. Date signed 10-14-39

RECEIVED
OCT 21 1939
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-B)

Reg. Dist. No. 33

09831

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Reisterstown, md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 330 Maine St. Reisterstown Md

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 11 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Reisterstown, md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 330 Main St. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Catherine Purdy.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John Jacob Purdy

6. (c) If alive, give age deal years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1852

8. AGE: Years 86. Months 11 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER

12. Name Michael Hare

13. Birthplace Baltimore County

MOTHER

14. Maiden Name Mary Ann Miller

15. Birthplace Manchester Carroll Co.

16 (a) Informant Mary Miller Purdy

(b) Address 330 Reisterstown, md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20, 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Manchester Lutheran Cem.

Location Hanover Pike.

18 (a) Funeral director Wm Berryman & Sons.

(b) Address Reisterstown, md.

19 (a) Oct. 19, 1939 (Date rec'd by registrar) (b) J. [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 18 1939 at 6 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-13 1937, to 10-18 1939, and that I last saw her alive on 10-17 1939.

Immediate cause of death Cardiac Decompensation — Duration 2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury None

23. Signature D. D. Caples, M. D. (M. D. or other)

Address Reisterstown Date signed 10-18-'39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 2 1939
BUREAU V. S.

09832

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46 R)

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County Baltimore

City or town Texas
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore Co., Almshouse

Stay in hospital or inst. (yrs., or mos., or days) 4 mo. 19 da.

Stay in this community (yrs., or mos., or days) 4 mo. 19 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Reisterstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Perry Samuel Rayner

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Nellie Lancaster

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1868

8. AGE: Years 71 | Months 8 | Days 17 | If less than one day ___ hrs. ___ min.

9. Birthplace McDonogh - Reisterstown
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Thomas Rayner
13. Birthplace Ireland

MOTHER
14. Maiden name Georgianna Brown
15. Birthplace Maryland

16. Informant Welfare Records
Address Towson, Maryland

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Oct. 14 1939 (month) (day) (year)

Cemetery or crematory Balto. Co., Almshouse Cem.

Location Texas, Maryland

18. Funeral director Landon M. Brooks
Address Sparks. Md.

19. Oct. 13 1939 (Date rec'd by registrar) Wm. J. Whitcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 1939, at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1939, to Oct 13 1939, and that I last saw him alive on Oct 12 1939.

Immediate cause of death	DURATION
Carcinoma (Gastric)	1 yr.
Due to	
Due to	
Other conditions Arteriosclerosis -	5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wilmer C. Ensor M.D.
M. D. or other
Address Cockeysville Md Date signed Oct 13/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
M. READ V. S.

09833

STATE OF MARYLAND—CERTIFICATE OF DEATH

(93a)

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 31

Village or City Woodlawn — No. Dogwood Road — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ELIZABETH REIBLICH — If U. S. Veteran, specify WAR

(a) Residence: No. Dogwood Road St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: George Reiblich Sr.

6. DATE OF BIRTH (month, dey, and year): Dec. 11th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	10	11	

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.: SAt Home

10. Date deceased last worked et this occupation (month and year): Oct. 1939

11. Total time (years) spent in this occupation: 60 Yrs.

12. BIRTHPLACE (city or town): Baltimore
(State or country): Maryland

FATHER

13. NAME: J. H. Schmidt

14. BIRTHPLACE (city or town): Germany
(State or country)

MOTHER

15. MAIDEN NAME: Margaret

16. BIRTHPLACE (city or town): Germany
(State or country)

17. INFORMANT: Mr. John Reiblich
(Address): Woodlawn, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Olive Cem. Date: Oct. 25" 1939

19. UNDERTAKER: J. H. Amoss Son
(Address): 1005 West Baltimore St.

20. FILED: Oct 25, 1939 — J. Milton Reil, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: October, 22nd (Month) (Day), 1939 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1939, to Oct 22, 1939

I last saw h-- alive on Oct 22, 1939; death is said to heve occurred on the date steted above, et 9.20 P.M.

The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:

	Date of onset
Myocarditis about	Sept 23/39
Other Contributory Causes of importance: Arteriosclerosis	P

Name of operation — Date of

Whet test confirmed diegnosis? Physical — Was there en autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, ~~or homicide~~? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Neture of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Walter L. Tibbitt M. D.

(Address) 2220 Garrison Blvd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 3 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09834

1. PLACE OF DEATH 93-C

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 3 Bishops La St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J Pfeuwer If U. S. Veteran, specify WAR

(a) Residence: No. 3 Bishops Lane St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M Pfeuwer

6. DATE OF BIRTH (month, day, and year) May 15 1889

7. AGE Years 50 Months 5 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Foreman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Gas & Elec Co

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Theodore Pfeuwer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Neuberger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Chas. J Pfeuwer 3 Bishops La

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 10-30, 1939

19. UNDERTAKER (Address) George A Fuhly Catonsville

20. FILED 10/29, 1939 H L Sindlee Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from July 2, 1939, to Oct 26, 1939

I last saw him alive on Oct 26, 1939; death is said to have occurred on the date stated above, at 1 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr Degenerative Cardio-vascular Disease	July 1939

Other Contributory Causes of importance:

Chr Nephritis	6 mon

Name of operation None Date of

What test confirmed diagnosis? Clin Findings Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James E Howell M. D.

(Address) Catonsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

09835

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Rockland (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Rockland Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Henrietta Reynolds

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: John C. Reynolds
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 16, 1862

8. AGE:

Years	Months	Days	If less than one day
77	2	24	hrs. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: Joseph Simmons
13. Birthplace: Virginia

MOTHER
14. Maiden name: Martha ?
15. Birthplace: Virginia

16. Informant: Albert B. Reynolds
Address: Rockland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 13, 1939 (month) (day) (year)
Cemetery or crematory: Druid Ridge
Location: Pikesville, Maryland

18. Funeral director: Chenoweth & Sons
Address: 3615 Chestnus Ave.

19. Oct. 10 1939 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 10th 1939, at 3.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 25th 1939, to October 10 1939, and that I last saw her alive on October 9th 1939.

Immediate cause of death	DURATION
Coronary Thrombosis	Oct. 8 1939
Due to	
Due to	
Other conditions: Coronary artery disease	Sept. 25 ? ?
Arterial hypertension	
Arterio sclerosis	

(Important conditions within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: E E Nichols M. D. or other
Address: Pikesville Md. Date signed: 10/10/39

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NOV 3 1939
BUREAU V. S.

09836

STATE OF MARYLAND—CERTIFICATE OF DEATH

(93-C)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. Maple Grove Nursing Home St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Lucy Richardson If U. S. Veteran, specify WAR

(a) Residence: No. 412 E. 22nd Street St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, and year) August 24, 1853

7. AGE: Years 86 | Months 1 | Days 22 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Robert R. Richardson

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Susan B. Green

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. Mildred H. McGinnis
(Address) 412 E. 22nd Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Oct. 18, 1939.

19. UNDERTAKER Wm. J. Tickner & Sons,
(Address) North & Penna. Avenues

20. FILED 10/18, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 16, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1939, to October 16, 1939

I last saw her alive on October 16, 1939; death is said to have occurred on the date stated above, at 12:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	8-16-39
Duration: five years. [illegible]	
Other Contributory Causes of importance:	
Arteriosclerosis	1920

Name of operation ____ Date of ____

What test confirmed diagnosis? Physical examination Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Arthur J. Davies M. D.

(Address) 800 W 33rd St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Dete of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Arthur J Davis
800 W 33rd St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

09837

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 2 mos., 25 days

Stay in this community (yrs., or mos., or days): 2 mos., 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2109 Brookfield Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mrs. Doris Robinson

3. (b) Social Security Number: 216-01-4750

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Separated

6 (b) Name of husband or wife: Edward Robinson

6(c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.): July 13, 1914

8. AGE: Years	Months	Days	If less than one day
25	3	12	____ hrs. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Stenographer

11. Industry or business: Unknown

FATHER
12. Name: Roy P. Grunewald
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden name: Louise E. Henderson
15. Birthplace: Baltimore, Maryland

16. Informant: Eleanor Pearson
Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 28, 1939 (month) (day) (year)

Cemetery or crematory: Lorraine Cemetery

Location: Baltimore, Maryland

18. Funeral director: William Cook
Address: St. Paul & Preston Sts., Balto., Md.

19. Oct. 25 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 25, 1939, at 7:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31, 1939, to Oct. 25, 1939, and that I last saw her alive on Oct. 25, 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	Since Sept 1934
Due to	
Due to	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John A. Smith M. D.

Address: Mt. Wilson, Md. Date signed: 10/25/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09838

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Hereford (Monkton P.O.)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Hereford (Monkton P.O.) Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Laura Virginia Ruhl

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife: Louis C. Ruhl

6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): July 23, 1870

8. AGE: Years	Months	Days	If less than one day
69	2	24	——hrs. ——min.

9. Birthplace: Upperco Balto Co., Md. (Town, county, and state)

10. Usual occupation: Housemaid

11. Industry or business:

FATHER — 12. Name: Nicholas F. Mays

13. Birthplace: Parkton, Balto Co. Md

MOTHER — 14. Maiden name: Margaret Ann Wilhem

15. Birthplace: Upperco, Balto Co., Md.

16. Informant: Mrs. Alice Bull

Address: Monkton, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Oct. 19, 1939 (month) (day) (year)

Cemetery or crematory: Fenton

Location: Hereford (Monkton P.O.)

18. Funeral director: Sandmeyer Brooks

Address: Sparks, Md.

19. Oct 18 1939 (Date rec'd by registrar) H. C. Emsor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 17, 1939, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 17, 1939, to Oct. 17, 1939, and that I last saw her alive on Oct. 17, 1939

Immediate cause of death	DURATION
Coronary Thrombosis	2 hrs.
Due to	
Due to	
Other conditions: Generalized Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None.

Of autopsy: None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE: Robert H. Ruhl M. D. or other

Address: Cockeysville, Md. Date signed 10/17/39

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09839

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (96)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Balto.

City or town Essex

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Riverside Drive

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Essex Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Riverside Drive

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Dora Virginia Runge

3. (b) Social Security Number.

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Charles Runge

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15th 1881

8. AGE: Years 58 Months 2 Days 13 If less than one day hrs. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER 12. Name William Shirley

13. Birthplace Penna.

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Mrs. Charles Runge

Address Riverside Drive, Essex Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 31. 1939 (month) (day) (year)

Cemetery or crematory Moreland Mem. Park

Location Taylor Ave.

18. Funeral director John G. Connelly

Address Essex Md.

19. Oct. 30th 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28th 1939, at 7 P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~, ~~and that I last saw h~~ ~~alive on~~ 19

Immediate cause of death

Aortic Aneurism

Due to Rupture

for which she had been treated by Dr G.H. Davis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. E. Myse Dept P.M. Ex M. D. or other

Address Pikesville Md Date signed 10-28-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-a)

09840

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Colonial Park
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 612 Plymouth Road
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 15 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore CO
City or town: Rural near Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 612 Plymouth Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Eva Schmied

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Karl Schmied
6(c) If alive, give age: 2 years
7. Birth date of deceased (mo., day, yr.): May 12 th 1856

8. AGE: Years: 83 Months: 5 Days: 18 If less than one day: hrs. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation:
11. Industry or business: At Home

FATHER
12. Name: ? Schmid
13. Birthplace: Germany

MOTHER
14. Maiden name: Dont know
15. Birthplace: Germany

16. Informant: Karl Schmied
Address: 612 Plymouth Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 1 st 1939 (month) (day) (year)
Cemetery or crematory: Oak Lawn Cemetery
Location: Baltimore Md

18. Funeral director: John Ullrich
Address: 2008 Orleans st

19. 10/31 1939 (Date rec'd by registrar) H C Andreae Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 30th 1939, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 28th 1939, to Oct 30th 1939, and that I last saw her alive on Oct 30 1939.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 3 days
Due to: Arteriosclerosis — 2 yrs
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Charles S Neer M. D. or other
Address: 408 A Pat Park ave Date signed: 10/31/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 2 1939
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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (42-a)

Reg. Dist. No. 30

09841

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 209 Ingleside ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. 209 Ingleside ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Christina C. Schotta

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife William B Schotta

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 24 1870

8. **AGE:** Years 68 Months 11 Days 30 If less than one day hr. min.

9. Birthplace Balto Co Md (Town, county, and state)

10. Usual occupation Home duties

11. Industry or business retired

FATHER 12. Name Samuel Ruff

13. Birthplace Balto Co Md

MOTHER 14. Maiden Name Margaret Ryan

15. Birthplace Germany

16 (a) Informant Sarah S. Pippig

(b) Address 209 Ingleside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25, 1939. (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore City Md

18 (a) Funeral director Easton Sons

(b) Address Ellicott City

19 (a) 10/24/39 (Date rec'd by registrar) (b) [signature] Deputy. Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 23 1939, at about 3 a M

21. I certify that death occurred on the date above stated; that I attended deceased from ✓ 19, to ✓ 19, and that I last saw him alive on ✓ 19.

Immediate cause of death

Due to Apoplexy

Due to Arterio sclerosis

Due to Hypertension

Other conditions Sudden death

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Geo McKieffer Deputy Med Examiner Balto (M. D. or other)

Address 1010 Leeds ave Date signed Oct 23 39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (51-C)

Reg. Dist. No. 44

09842

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Stemmers Run (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Stemmers Run (If outside city or town limits, write RURAL and give town)

(d) Street No. Shaffers Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Wilson Shaffer (SHAFFER)

3 (b) If veteran, name war: no

3 (c) Social Security No. ____

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ____

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 22 1856

8. AGE: Years 82 | Months 10 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Carroll Co. Maryland (Town, county, and state)

10. Usual occupation Truck Farmer

11. Industry or business

FATHER

12. Name John Shaffer

13. Birthplace Carroll Co. Maryland

MOTHER

14. Maiden Name Sophia Haines

15. Birthplace Carroll Co. Maryland

16 (a) Informant Gilmor B. Shaffer

(b) Address Stemmers Run Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12 1938 (month) (day) (year)

(c) Cemetery or crematory Hiss Cemetery

Location Balto. Co. Maryland

18 (a) Funeral director Frederick Lassahn Sons

(b) Address 7401 Belair Road

19 (a) Oct. 10-39 (Date rec'd by registrar) (b) John D. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 9th 1939, at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1939, to Oct. 1939, and that I last saw him alive on Oct 8 1939.

Immediate cause of death	Duration
Uraemia	1 month
Due to Carcinoma of prostate	3 yrs.
Due to	
Other conditions Generalized Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature George H. Davis M.D. M. D. or other

Address Essex, Md Date signed 10/10/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46C)

09843

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr. Mark Hollander 9 Dundalk Ave

1. PLACE OF DEATH:

County BALTIMORE

City or town DUNDALK (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 10 Sandy Plains Rd.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 16 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Dundalk Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 10 Sandy Plains Rd. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura Virginia Sipple

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Widowed

8 (b) Name of husband or wife George Sipple

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1849

8. AGE: Years 89 | Months 11 | Days 15 | If less than one day hrs. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Thomas Easley

13. Birthplace Washington, D. C.

MOTHER 14. Maiden name Elizabeth Stevens

15. Birthplace Baltimore

16. Informant Mrs. Elizabeth E. Marquard

Address 10 Sandy Plains Rd., Dun.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 28, 1939 (month) (day) (year)

Cemetery or crematory Loudon Park Cemetery

Location Baltimore Geo. T. Sander

18. Funeral director H. Sander & Son Inc.

Address Balto. & Broadway

19. Oct. 26 1939 (Date rec'd by registrar) Miller M. Sander Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1939, at 10:40 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1937 to Oct. 25 1939, and that I last saw her alive on Oct. 23 1939.

	DURATION
Immediate cause of death: ~~Cancer~~ of descending colon	18 months
Metastases to liver	3-4 months
Due to: ~~Acute~~ Intestinal obstruction	2 1/2 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Mark Hollander M.D. (M. D. or other)

Address 9 Dundalk Ave. Date signed 10-25-39

W. M. Carmine, Reg.

RECEIVED
OCT 31 1939
BUREAU V. S.

PLEASE INDEX THIS WITH A NOTE THAT IT IS ON FILE IN CITY HEALTH.LL

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (175)

Registered No. Dunst number + Punch

1. PLACE OF DEATH:
(a) Baltimore City, Maryland BALTIMORE COUNTY
(b) Street address DUNDALK (SOLLERS POINT)
(c) Hospital or institution:
ORIGINAL CERTIFICATE IS ON FILE IN CITY HEALTH DEPT.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Chas. Smith FILE THIS CERTIF. FOR REFERENCE (TN 10/25/39)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name SEE BACK
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

Received at City Morgue

20. DATE OF DEATH 8-21- 1939, at 10.45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 8-19-39
(c) Where did injury occur? Balto. County (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Off of Fort Carroll (Specify type of place) While at work? No
(e) Means of injury Struck on chin & fell overboard

23. Signature Howard J. Maldeis M.D. Medical Examiner.
Date signed 10-20-39

VS 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE [illegible]LY, WITH UNFADING INK. Every item of information should be [illegible]fully supplied. The correct age is especia[illegible]mportant. Physicians: please write the causes of death clearly [illegible]l legibly.

HISTORY:

OCTOBER 20, 1939:

Undertaker insists that death occurred in COUNTY but that permit was inadvertently obtained from City Health beaause City coroner made certificate.

Coroner (Dr.Maldeis) insists that man was pronounced dead in Baltimore County, and then taken to City Morgue. He insists further that certificate should be removed from City Health and filed here.

City Health originally said no record was on file. Then it was found that Dr. Fales was holding certif. for decision.

Dr. Hedrich decided: doesn't make any difference whether certif is filed City or County so long as it is registered; tell the undertaker to get certified copy from City; tell coroner to disregard request for new certificate (since original was finally found by City). These things were done. But the coroner would not disregard; he sent us this half-certif and stated by phone that the original should be removed from City etc etc etc so that the public and undertakers be not confused as to WHERE to obtain transcripts and burial permits. (I think so too.L)

STATE OF MARYLAND—CERTIFICATE OF DEATH

09844

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (93-C)

County Baltimore Registration Dist. No. 44

Village or City Sparrows Point Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Froney Smith If U. S. Veteran, specify WAR

(a) Residence: No. Sparrows Pt. Rd. & Millers St., Is. Rd. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Smith.

6. DATE OF BIRTH (month, day, and year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife at home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Holland (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ernest Smith (son)

(Address) North Pt.Rd.& Millers Is. Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date 10/5/39, 19

19. UNDERTAKER Charles E. Schimunek.

(Address) 2601-3 E. Madison St.

20. FILED Oct 4, 1939 Dawson L. Harbin Dy. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 3rd (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept 26, 1939, to Oct 3, 1939

I last saw her alive on Oct 2, 1939; death is said to have occurred on the date stated above, at 2:30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1/38
Arteriosclerosis	1/38

Other Contributory Causes of Importance:

Name of operation - Date of -

What test confirmed diagnosis? Physical exam. Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 19

Where did injury occur? -

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. no

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dawson L. Harbin M. D.

(Address) Sparrows Point Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

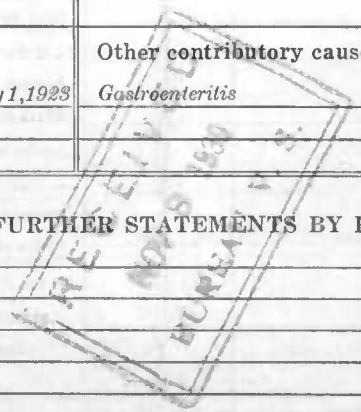
Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



38

09845

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Balto

County

City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Ridge Ave Carney
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr Edw Smith

3. (b) Social Security Number 217-03-2904

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Frances Smith

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Oct. 1 - 1875

8. AGE: Years 64 | Months | Days 30 | If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore County
(Town, county, and state)

10. Usual occupation Caretaker at

11. Industry or business Moreland Memorial Park

FATHER
12. Name Jacob Smith
13. Birthplace Baltimore County

MOTHER
14. Maiden name Margaret Brooks
15. Birthplace Baltimore County

16. Informant Frances Smith

Address Ridge Ave Carney

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof 11-3-39
(month) (day) (year)

Cemetery or crematory Moreland Park Cem

Location Taylor Ave

18. Funeral director Lilly & Teiler INC.

Address 403 S. Wolfe St

19. Nov 7 1939 (Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31st 1939, at 4-20 about pm.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Valvular heart disease

Due to brought on by running to answer

Due to telepon

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W P E Nyse Supt P.M. Ex
M. D. or other

Address Pleasoville Md Date signed 10-31-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 9 1939
FBI - U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (948)

09846

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto
City or town Roseda Balt Co Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto Co
City or town Rosedale Springvale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Frank J. Sterner

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma L Sterner

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Feb 26, 1886

8. AGE: Years	Months	Days	If less than one day
53.	7	27	7 hrs. min.

9. Birthplace Baltimore MD
(Town, county, and state)

10. Usual occupation Engineer

11. Industry or business

FATHER 12. Name John Sterner
13. Birthplace Baltimore Md

MOTHER 14. Maiden name Barbara Mield
15. Birthplace Balto Md

16. Informant Mrs Emma L Sterner
Address Rosedale Springvale Balto Co

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 26, 1939 (month) (day) (year)

Cemetery or crematory Oaklawn
Location Eastern ave

18. Funeral director William Cook
Address 1217 Druid Pk

19. 10/23 1939 John L Connelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 2-45

20. DATE OF DEATH Oct 23 1939, at a M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from
19, to 19,
and that I last saw h alive on 19

Immediate cause of death Coronary Thrombosis — DURATION

Due to — DURATION

Due to — DURATION

Other conditions — DURATION

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. T. O. McKee Dept Md. Ex
M. D. or other
Address Sykesville Md Date signed Oct 23, 39

RECEIVED
OCT 26 1939
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

09847

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 102 South Rolling Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: Westminster Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Pennsylvania Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary E. Stoner

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	Widowed

6 (b) Name of husband or wife: James M. Stoner

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): September 17, 1865

8. AGE: Years	Months	Days	If less than one day
74	1	9	____ hrs. ____ min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business:

FATHER
12. Name: George Roller
13. Birthplace: Germany

MOTHER
14. Maiden name: Not known
15. Birthplace: Germany

16. Informant: Mrs. Clayton Myers
Address: Catonsville, Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 29, 1939 (month) (day) (year)

Cemetery or crematory: Kriders Cemetery

Location: Westminster, Md.

18. Funeral director: J. Francis Reese

Address: Westminster, Md.

19. 10/27 1939 (Date rec'd by registrar) [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 26, 1939, at 12:45 AM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1939, to Oct 26 1939, and that I last saw her alive on Oct 25 1939.

Immediate cause of death: Chronic Myocardial Disease — DURATION: 1933

Due to: Arteriosclerosis and Cerebral Arteriosclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: — Date of:

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of Injury: Injured at work?

23. SIGNATURE: Robert B. Taylor MD
M. D. or other

Address: Catonsville Md Date signed: Oct 26-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 2 1939
BUREAU V. S.

84

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-C)

Reg. Dist. No. 30

09848

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto

(b) City or town Catonsville Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County Baltimore

(c) ~~City~~ or town Catonsville Md (If outside city or town limits, write RURAL and give town)

(d) Street No. P. O. Ellicester Md (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Janet Margaret Taylor

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex F

5. Color or race Wh

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8 1859

8. AGE: Years 80 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Pluk Pa (Town, county, and state)

10. Usual occupation Sister Hood

11. Industry or business —

FATHER
12. Name Unknown Taylor
13. Birthplace England

MOTHER
14. Maiden Name Mary Unknown
15. Birthplace England

16 (a) Informant Mother Superior
(b) Address P O Ellicester Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Orange Grove Convent
Location Ellicester Md

18 (a) Funeral director H. Nicholson & Co
(b) Address Orchard Mt Colbert St

19 (a) 11/1/39 (Date rec'd by registrar) (b) H C Sudrue Registrar
Deputy Local

MEDICAL CERTIFICATION

20. Date of death October 30 19 , at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 16 19 to Oct. 30 19 X, and that I last saw ~~him~~ her alive on Oct. 19

Immediate cause of death myocardial failure with auricular fibrillation — Duration [illegible]

Due to Hypertension, Arteriosclerosis, cardiac hypertrophy — [illegible]

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN

Underlins ths cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] K. Gallagher M. D. or other

Address 6209 Federick Rd Date signed 10/31/39

RECEIVED
DEC 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 107-a

Reg. Dist. No. 30

09849

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: "House in Pines" Catonsville, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.
(e) Length of stay in this community (yrs., mos., or days) 3 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County ~~Baltimore~~ Allegany
(c) City or town ~~Catonsville~~ Frostburg (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~26 Bradshaw~~ 46 Frostburg Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mrs Mollie Taylor (Mary Ella)

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Walton Edgar Taylor

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept. ~~24~~ 12, 1855

8. AGE: Years: 84 | Months: 1 | Days: 10 | If less than one day: _____ hr. _____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Jacob King
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Eliza Stonesifer
15. Birthplace Littlestown Pa.

16 (a) Informant Mrs. J. L. Dienhal
(b) Address Frostburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24, 39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Pickues & Son
(b) Address North & Pa. Aves.

19 (a) 10/23/39 (Date rec'd by Registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death October 22 1939, at 11:29 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1939, to Oct. 22 1939, and that I last saw him alive on Oct. 22 1939.

Immediate cause of death	Duration
Bronchio-pneumonia	8 da.
Due to Senility & constant Confinement.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Wilson K. Gallagher M.D. (M. D. or other)
Address Catonsville, Md. Date signed 10/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (72-E) Reg. Dist. No. 41

09850

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Dundalk (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 11 Bayship Rd. was in Hosp. until 2 wks before death

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 wks

(e) Length of stay in this community (yrs., mos., or days) 3 mo.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State W Va (b) County Monongalia

(c) City or town Morgantown (If outside city or town limits, write RURAL and give town)

(d) Street No. 96 Marion St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME Rachel Thomas

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Richard Thomas

6. (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) May 18, 1866

8. AGE: Years 73 Months 5 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace Llanelly, So. Wales (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Samuel W. Evans

13. Birthplace Carmarthen, So. Wales

MOTHER 14. Maiden Name Margaret Jones

15. Birthplace Carmarthen, So. Wales

16 (a) Informant Husband

(b) Address Morgantown, W Va.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10 (month) 21 (day) 39 (year)

(c) Cemetery or crematory OLD OAK CEM

Location MORGANTOWN, WEST VIRGINIA

18 (a) Funeral director Wm J. Tickner & Sons

(b) Address North & Pa. aves.

19 (a) 10/21/39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death October 21 1939, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1939, to Oct. 21 1939, and that I last saw ~~him~~ her alive on Oct. 20 1939.

Immediate cause of death Hodgkins Disease — Duration 1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Helen G. Evans, M.D. (M. D. or other)

Address 55 Dundalk Ave. Date signed 10-21-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 44

09851

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Stillwater Rd.

(b) City or town Essex (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Balto. Co.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Essex (If outside city or town limits, write RURAL and give town)

(d) Street No. Stillwater Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME John Thon

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband~~ or wife Margaret Thon

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 4 - 1880

8. AGE: Years 59 | Months 7 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Machinist

11. Industry or business Con. Can. Co.

FATHER

12. Name Chas Thon

13. Birthplace Germany

MOTHER

14. Maiden Name Theresa Zorn

15. Birthplace Germany

16 (a) Informant Mrs. Margaret Thon

(b) Address Stillwater Rd.

17 (a) Sacred Heart Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7 - 39 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location Germany Hill Rd.

18 (a) Funeral director John G. Connelly

(b) Address Essex Md.

19 (a) Oct. 7-1939 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 4 1939, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939, to Oct 4 1939, and that I last saw him alive on Oct 4 1939.

Immediate cause of death Arterio-Sclerotic Cardio vascular renal disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M Baumgardner M. D. or other

Address Rosedale Md Date signed 10/4/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (Bal) Reg. Dist. No. 40

09852

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Balto.
(b) City or town Kingsville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Kingsville - Hyde R.F.D. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Wesley Townsley

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Florence Townsley

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16 - 1863

8. AGE: Years 76 | Months 11 | Days 10 | If less than one day hr. min.

9. Birthplace Harford Co Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER 12. Name Samuel Townsley
13. Birthplace Harford Co Md.

MOTHER 14. Maiden Name Ann Hutchinson
15. Birthplace Md

16 (a) Informant Eloyce Townsley
(b) Address Hyde Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28-39 (month) (day) (year)
(c) Cemetery or crematory Mountain Christ Cemetery
Location Harford Co Md.

18 (a) Funeral director Clarence E. Arthur
(b) Address Forest Md.

19 (a) Oct 27 39 (Date rec'd by registrar) (b) W. Lee Hammond Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 26 1939, at 4.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1939, to Oct 26 1939, and that I last saw him alive on Oct 25 1939.

Immediate cause of death	Duration
Pulmonary Edema	1 day
Due to Cerebral Accident	1 wk
Due to Arteria Sclerosis + Hypertension	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Harry S. Shelley M.D. M. D. or other
Address 104 W. Madison St Balto Md Date signed 10/26/39

RECEIVED
NOV 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (32) Reg. Dist. No. 33

CERTIFICATE OF DEATH

09853

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Owings Mills
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 9 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Owings Mills
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ritters Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Myrtha May Triplett

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Earl J. Triplett
6. (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) March 13, 1897

8. AGE: Years	Months	Days	If less than one day
42	6	22	____ hr. ____ min.

9. Birthplace Howard Co.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Wm. T. Dixon
13. Birthplace Maryland

MOTHER
14. Maiden Name Salome Sechrist
15. Birthplace Penna.

16 (a) Informant Earl J. Triplett
(b) Address Owings Mills

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 8, 1939 (month) (day) (year)
(c) Cemetery or crematory Asbury M.E.
Location Baltimore Co.

18 (a) Funeral director J. F. Eline & Sons
(b) Address Reisterstown, Md.

19 (a) Oct. 7, 1939 (Date rec'd by registrar) (b) [signature]

MEDICAL CERTIFICATION

20. Date of death Oct 6 1939 at 3:30a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1937, to 10-6 1939, and that I last saw ~~him~~ her alive on 10-5 1939.

Immediate cause of death	Duration
melanoma (Cancer) of left sternum	3 1/2 yrs.
Due to Mole	Life
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No.
(b) Date of occurrence No.
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No. (Specify type of place) While at work?
(e) Means of injury None

23. Signature D. D. Copley M.D. M. D. or other
Address Reisterstown Date signed 10-7-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
NOV 2 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE [illegible]LY, WITH UNFADING INK. Every item of information sh[illegible] be [illegible]efully supplied. The correct age is especia[illegible] important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (82-a)

Registered No. 42 09854

1. PLACE OF DEATH:
(a) Baltimore ~~City~~ County, Maryland
(b) Street address Linden Ave Halethorpe
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Leeds Ave In Ridgewood (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank H. Valentini

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-4889

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Clara Poggi Valentini

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19 1865

8. AGE: Years 74 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business Publisher

FATHER
12. Name Andrew Valentini
13. Birthplace Austria

MOTHER
14. Maiden Name Catherine Cereghino
15. Birthplace Italy

16 (a) Informant Wife
(b) Address Linden Ave Halethorpe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28, 1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road Pikesville

18 (a) Funeral director Frank V. Pikesville
(b) Address 2818 E. Balto St

19 (a) Oct 25 39 (Date rec'd by registrar) (b) Geo McKieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1939, at 3 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1939, to Oct 25 1939 and that I last saw him alive on Oct. 25 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 5 days

Due to Arteriosclerosis — about 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jeff L. Valentine M. D.
Address 67 N. Broadway Date signed

VS 3

RECEIVED
NOV 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09855

1. PLACE OF DEATH (50)

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. Edmondson Ave near Ingleside St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Vogelman If U. S. Veteran, specify WAR

(a) Residence: No. Edmondson Avenue near Ingleside St., Ward Catonsville Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) January 13th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mr. Tomas W. Rogan (Address) Edmondson Ave near Ingleside Ave.,

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Oct 18th, 1939

19. UNDERTAKER Wm. J. Tickner & Sons. (Address) North & Penna Aves.

20. FILED 10/18, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 16, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1939, to Oct 16, 1939

I last saw her alive on Oct 15th, 1939; death is said to have occurred on the date stated above, at 10.30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	2 yrs?

Other Contributory Causes of importance:

Secondary infection of breast	3 mos

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify

(Signed) [signature] M. D.

(Address) 827 N. Charles St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CHAS W. MAXSON

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
OCT 24 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

5 P.M.

Dr Maxson
827 N. Charles St.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09856

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. Rev. A. Opitz Home for Aged — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurrad 54 yrs. -- mos. -- ds. How long in U. S. if of foralgn birth? -- yrs. -- mos. -- ds.

2. FULL NAME Anna Wahl

(a) Residence: No. Rev. A. Opiz Home for Aged St. Ward. Hamilton, Md.

(Usual place of abode) 6605 Sefton Ave. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)
Female	White	Single

5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of --------

6. DATE OF BIRTH (month, day, and yaar) ------ 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	66	---	---	

OCCUPATION

8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Cook None

9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. Home

10. Data dacaasad last workad at this occupation (month and year) Oct. 1938

11. Total time (yaars) spant in this occupation 40 yrs.

12. BIRTHPLACE (city or town) ---------

(State or country) Maryland

FATHER

13. NAME Karl Wahl

14. BIRTHPLACE (city or town) --------

(State or country) Germany

MOTHER

15. MAIDEN NAME Josephus -------

16. BIRTHPLACE (city or town) --------

(State or country) Germany

17. INFORMANT Opitz Home Record

(Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Data 10/30 1939

19. UNDERTAKER Henry H. Meals and Son

(Address) 602 W Calvert St.

10/29 1939 H. H. Sundrean Registrar.

20. FILED ---------, 19--- ---------

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 27th (Month) (Day), 1939 (Yaar)

22. I HEREBY CERTIFY, That I attandad daceasad from July 25 1939, to October 27 1939

I last saw h-- aliva on October 27, 1939; death is said to have occurred on the date stated above, at 10:45 a.m.

The PRINCIPAL CAUSE OF DEATH and ralatad causes of importance were as follows:

	Date of onset
Carcinoma of Breast (Rt)	1937
Other Contributory Causes of importance: Acute cardiac dilatation	24 hrs.

Name of operation (X-Ray to Breast) Date of 1937

What test confirmed diagnosis? Clinical finding Was there an autopsy? No

23. If daath was dua to axtarnal causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? ---------- Date of injury ---------, 19---

Where did injury occur? ---------

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ---------

Nature of injury ---------

24. Was disease or injury in any way ralated to occupation of deceased? No

If so, specify ---

(Signed) Michael A. Abrams M. D.

(Addrass) 2360 Eutaw place

If more Blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 2 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09857

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-C)

Reg. Dist. No. 33

1. PLACE OF DEATH

County Baltimore

City or town Boring
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Baltimore

City or town Boring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George W Wilhelm

3. (b) Social Security Number None

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Sallie E Wilhelm

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) May 22-1859

8. AGE: Years 80 Months 4 Days 15 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name Abram Wilhelm
13. Birthplace Maryland

MOTHER
14. Maiden name Margaret Bosson
15. Birthplace Maryland

16. Informant Mrs Sallie Wilhelm
Address Boring - Md

17. Burial Date thereof Oct 9-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Houston Baptist

Location Houston, Md

18. Funeral director Edw C Tipton
Address Hampstead, Md

19. Oct. 8 1939 J. Frank Miller MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/7/39 19 , at 4:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1939, to Oct 7 1939, and that I last saw him alive on Oct 7 1939.

Immediate cause of death Myocarditis - chronic decompensating

Due to hypertension

Due to arteriosclerosis

Other conditions chronic arthritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 2 yrs.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James G. Saffell M. D. or other

Address Reisterstown, Md Date signed 10/7/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-E)

09858

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 620 Aldershot Rd

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 620 Aldershot Rd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Margaret Agnes Yates

3. (b) Social Security Number:

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John C. Yates

6(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): March 23, 1882

8. AGE: Years: 57 Months: 7 Days: 7 If less than one day: hrs. min.

9. Birthplace: Balto Co Md
(Town, county, and state)

10. Usual occupation: Home

11. Industry or business:

FATHER
12. Name: Patrick Bailey
13. Birthplace: Howard Co Md

MOTHER
14. Maiden name: Catherine Donohue
15. Birthplace: Ireland

16. Informant: John C Yates
Address: 620 Aldershot Rd

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Nov. 1 - 39
(month) (day) (year)

Cemetery or crematory: New Cathedral

Location: Balto. City

18. Funeral director: Geo. I. Beyer Jr
Address: 1512 Hollins St

19. 10/31 1939 A L Andreae
(Date rec'd by registrar) Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 30 1939, at 1-30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,
and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Coronary Thrombosis

Due to:

Due to: Cardio vascular disease

Other conditions: sudden death inquiry
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Geo. S. McKieffer Deputy Med. Exam
M. D. or other
Address: 1010 Leeds ave Date signed: Oct 30, 39

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